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MTC 22435

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

78-005925

153 (Local File Number)

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME: 1 First: JOHN Middle: D. Last: STANLEY

2 DATE OF DEATH (month, day, year): April 30, 1978

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 83

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): September 15, 1894

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercomm.

7d IF HOSP OR INST Indicate DOA, OP (Emer Rm, Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in USA name country): Wyoming

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED OR DIVORCED): Mary Stanley

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 457 - 01 - 4586

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner - Retired

14b KIND OF BUSINESS OR INDUSTRY: Klamath Radiator

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 745 Rose Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: John - Stanley

17 MOTHER—Maiden Name first middle last: Sara - Bolster

18 INFORMANT—NAME and relationship to deceased: Mary Lee Stanley (Wife)

19a BURIAL, CREMATION, REMOVAL, TRANSIT (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Falls Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person Acting As Such (Signature): [illegible]

20b NAME AND ADDRESS OF FACILITY: JARDS - 1945 Main St - Klamath Falls, Oregon 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): M. LeVernois MD

21b DATE SIGNED (Mo., Day, Yr.): May 1 78

21c HOUR OF DEATH: 11:48 A M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Earle M. LeVernois, M.D. / 2628 Campus Dr / Klamath Falls, Oregon

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Raymond Tice M.D.

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 2 1978

22a REGISTRAR (Signature): Marian Ackerman

22b Interval between onset and death: Terminal

PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

(a) DUE TO, OR AS A CONSEQUENCE OF: Ven. T. Fibrillation — Interval between onset and death: Min

(b) DUE TO, OR AS A CONSEQUENCE OF: Generalized A/S — Interval between onset and death: Yrs

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): NO

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): NO

26 Tumor RT Groin lobe of liver

27 ACCIDENT (Specify Yes or No): 11:29

28a DATE OF INJURY (Mo., Day, Yr.)

28b HOUR OF INJURY: 10

28c DESCRIBE HOW INJURY OCCURRED

28d LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

28e INJURY AT WORK (Specify Yes or No)

28f PLACE OF INJURY—(Home, farm, street, factory, office building, etc.) (Specify)

28g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED DEC 11 1989

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

INFORMATION CHANGE CERTIFICATE

Please Return to: MOUNTAIN TITLE COMPANY
222 SO. 6th STREET

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 13th day of Dec. A.D., 19 89 at 1:46 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 24079.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00