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Aspen Title # 01035057

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ID TAG NOSTATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICESVol. M90 Page 8142

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE
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DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Chester		E.		STINSON				2 September 10, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
White		Male		73		mos. days		hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		DATE OF BIRTH (month, day, year)					
Klamath Falls		7b 1783 Wiard St.		6 January 3, 1913					
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (if married, widowed)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
Oklahoma		U.S.A.		Married		Bertha J. Stinson		Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
1543-10-0067		14a Owner: Flight Base Operation		14b Private Aircraft Sales & Service					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		1783 Wiard St.		97603	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased					
Elijah A. Stinson		Ellie - Shafer		Bertha J. Stinson, Wife					
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Cremation		19b Klamath Cremation Service		19c Klamath Falls, Ore.					
FURNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a [Signature]		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) [Signature]		M.D.		21b September 11, 1986		21c 8:25 P.		u	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP:							
21d Mark S. Kochevar, M.D., 1905 Main St., Klamath Falls, Ore.		97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a September 11, 1986		22b (Signature) [Signature]							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death							
PART I (a) Cardiac arrhythmia		minutes							
(b) Renal failure		days							
(c) Arteriosclerotic heart disease		years							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)							
Diabetic mellitus Congestive heart failure		No		Yes					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?							
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>							
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar

Date September 11, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 1st day of May A.D., 19 90 at 11:25 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 8142

FEE \$8.00

Evelyn Biehn County Clerk

By [Signature]

Return: A.T.C.