

CERTIFICATION OF VITAL RECORD

17077

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION Vol. 92 Page 14674

CENTER FOR HEALTH STATISTICS

136

State File Number

121226
ID TAG NO.

278

Local File Number

1 DECEASED'S NAME Robert North STURDY, SR.		2 SEX M	3 DATE OF DEATH (Month, Day, Year) June 23, 1992
4 SOCIAL SECURITY NUMBER 551-05-6113	5a AGE at Birth (Years) 77	5b Under 1 Year Mos. Days	5c Under 1 Day Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Wester, ND		7 DATE OF BIRTH (Month, Day, Year) June 13, 1915	
8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9a FACILITY NAME (If not institution, give street and number) Sundance Drive (P.O. Box 73)		9b CITY, TOWN, OR LOCATION OF DEATH Chiloquin	
10a DECEASED'S USUAL OCCUPATION (Div. kind of work done during most of working life. Do not use retired) Cyrogenic Engineer		10b KIND OF BUSINESS/INDUSTRY Health Care	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Rhoda M.	
13a RESIDENCE - STATE Oregon		13b COUNTY Klamath	
13c CITY, TOWN OR LOCATION (other place) Chiloquin		13d STREET AND NUMBER Sundance Drive (P.O. Box 73)	
14a INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b ZIP CODE 97624	14c WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15 RACE American Indian, Black, White, etc. (Specify) White		16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
17 FATHER - NAME first middle last Arthur - Sturdy		18 MOTHER - NAME first middle maiden Margaret - Heetveld	
19 INFORMANT - NAME and relationship to deceased Rhoda M. Sturdy, wife		20c LOCATION - City or Town, State Whittier, CA 90601	
20a METHOD OF DISPOSITION (If Mailed, State) <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Rose Hills Memorial Park	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Thompson</i>		21b LICENSE NUMBER (Of Licensee) 47-3104	
22 NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23 DATE FILED (Month, Day, Year) JUN 25 1992	
24 REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>27 TIME OF DEATH 08:00 A M</p> <p>28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29 To the best of my knowledge, death occurred at the time, date, place and due to (be cause) and manner stated (Signature) <i>Saul Silverman MD</i></p> <p>30 DATE SIGNED (Month, Day, Year) June 24, 1992</p> <p>31 NAME, TITLE, ADDRESS AND ZIP - IF CERTIFIED MEDICAL EXAMINER (Type or Print) Saul Silverman, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601</p> <p>32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 45%;"> <p>31a TIME OF DEATH M</p> <p>31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated (Signature)</p> <p>33 DATE SIGNED (Month, Day, Year) COUNTY</p> </div> </div>			
<p>34 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)</p> <p>PART I (a) <i>lung cancer</i></p> <p> (b) <i>stroke</i></p> <p> (c) <i>other significant conditions</i></p> <p>PART II OTHER SKNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p>			
35 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		36 DATE OF INJURY (Month, Day, Year)	
37 TIME OF INJURY M		38 INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40 LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENTS FULLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED

JUN 25 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rhoda Sturdy the 6th day of July A.D. 19 92 at 2:32 o'clock P. M., and duly recorded in Vol. 992 of Deeds on Page 14674.

Evelyn Biehn - County Clerk
By *Donna A. Verling*

FEE \$10.00
Return: Rhoda Sturdy
P.O. Box 73, Chiloquin, Or. 97624