PRINT IN PERMANENT BLACK INK

290369
I.D. TAG NO.

209
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

135-
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Winston; Middle: Isaac; Last: STOKES
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): April 13, 1999
4 SOCIAL SECURITY NUMBER: 553-16-4806
5a AGE-Last Birthday (Years): 80
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Ozone, Arkansas
7 DATE OF BIRTH (Month, Day, Year): December 14, 1918
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dry Kiln Operator
10b KIND OF BUSINESS/INDUSTRY: Lumber Company
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed): Clara
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 4418 Clinton Ave
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15 RACE-American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17 FATHER - NAME first middle last: Clinton - Stokes
18 MOTHER - NAME first middle maiden: Carrie Eleanor McCracken
19 INFORMANT NAME and relationship to deceased: Clara Stokes - Wife

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c LOCATION City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b OREGON LICENSE NO (Of Licensee): 3607
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23 DATE FILED (Month, Day, Year): APR 16 1999
24 REGISTRAR'S SIGNATURE: [signature]
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 2250
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature): [signature]
30 DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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)
33 DATE SIGNED (Month, Day, Year) COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake D. Berven, MD 2616 Clover, Klamath Falls, OR 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest:
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarction — Interval between onset and death: 24
(b) DUE TO, OR AS A CONSEQUENCE OF: ASHD — Interval between onset and death: 20 yrs
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38 AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY
41c INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE

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

DATE ISSUED: APR 16 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Clara Stokes the 19th day of April A.D., 1999 at 10:48 o'clock A.M., and duly recorded in Vol. M99 of Deeds on Page 14113

Linda Smith, County Clerk

FEE $ 10.00

Return: Clara Stokes
4418 Clinton Avenue
K.Falls, Oregon 97603

by [signature]