CERTIFICATION OF VITAL RECORD

99 JUN -3 AM 11:14

TYPE OR PRINT IN PERMANENT BLACK INK

MTC 13916-1009 Vol M99 Page 21931

H 30655
ID TAG NO.

all 85
Local File Number

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

136-
State File Number

1 DECEDENT'S NAME: First: Hugh; Middle: D.; Last: STEVENSON
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): May 23, 1999
4 SOCIAL SECURITY NUMBER: 543-34-0302
5a AGE-Last Birthday (Years): 64
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Mins
6 BIRTHPLACE (City and State or Foreign Country): Fordyce, Arkansas
7 DATE OF BIRTH (Month, Day, Year): March 18, 1935
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): 7906 Hwy. 140E
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): General Contractor
10b KIND OF BUSINESS/INDUSTRY: Construction
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12 SPOUSE (If Married, Widowed): Buela M. Stevenson
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 7906 Hwy. 140 E
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
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17 FATHER - NAME first middle last: Daniel Stevenson
18 MOTHER - NAME first middle maiden: Duedia Holloway
19 INFORMANT - NAME and relationship to deceased: Ernest Stevenson - son
20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c LOCATION - City or Town, State: Klamath Falls, Oregon
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b OREGON LICENSE NO. (Of Licensee): 1613
22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy. 39, Klamath Falls, OR 97603
23 DATE FILED (Month, Day, Year): MAY 26 1999
24 REGISTRAR'S SIGNATURE: Evelyn Stevenson
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 12:00 pm M
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)
30 DATE SIGNED (Month, Day, Year): May 24, 1999
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Sean Dow M.D. 1900 Main Street Klamath Falls, Oregon 97601
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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

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

PART I (a) Stroke, Intracerebral hemorrhage — Interval between onset and death: 1 YR
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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

35 AUTOPSY? ☐ Yes ☒ No
36 Were autopsy 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: M
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

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

DATE ISSUED: MAY 26 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFTER RECORDING RETURN TO: Ernest Stevenson, 7906 Hwy 140 E, Klamath Falls, OR 97603

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH · OREGON

21932

State of Oregon, County of Klamath
Recorded 6/03/99, at 11:14 a.m.
In Vol. M99 Page 21931
Linda Smith, County Clerk
Fee $ 15.00
Linda Smith

029948