

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

TYPE OR
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H 30655
ID TAG NO

Local File Number

MTG 13916-1009

Vol 1M99 Page 21931

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 Days: 0 Hours: 0 Minutes: 0	6. BIRTHPLACE (City and State or Foreign Country) Fordyce, Arkansas
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ DOL ☒ 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 LOCAT OF DEATH Klamath Falls	
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 ☐ Single ☐		12. SPOUSE (If Marital Widowed) Evela M. Stevenson	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 7906 Hwy. 140 E	
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 ☒ Other (Specify)	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (13-16 or 17-19)		17. FATHER - TIME first middle last Daniel Stevenson Cuedia	
18. OTHER - NAME first middle maiden Holloway		19. INFORMANT - NAME and relationship to decedent Ernest Stevenson - son	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) Eternal Hills Crematory	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ernest Stevenson</i>		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 <i>Ernest Stevenson</i>		25. RESERVED FOR REGISTRAR'S USE	

26. TIME OF DEATH 12:00 pm		27. WAS MEDICAL EXAMINER REQUIRED? ☒ Yes ☐ No	
28. To the best of my knowledge, death occurred at the time, date, place and cause stated and manner stated <i>Ernest Stevenson</i>		29. 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 <i>Ernest Stevenson</i>	
30. DATE SIGNED (Month, Day, Year) May 24, 1999		31. DATE SIGNED (Month, Day, Year) May 24, 1999	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sean Dow M.D. 1900 Main Street Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. PART I (a) DUE TO, OR AS A CONSEQUENCE OF Stroke, Intracerebral hemorrhage		Interval between onset and death 1 yr	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause of death		Interval between onset and death	
37. MANNER OF DEATH ☒ Natural ☐ Poisoning ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Other		38. DATE OF INJURY (Month, Day, Year)	
39. TIME OF INJURY		40. INJURY AT WORK?	
41. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		42. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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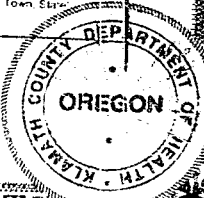
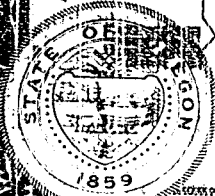
MAY 26 1999

DATE ISSUED

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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ANY ALTERATION OR REPRODUCTION OF THIS CERTIFICATE



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

Linda Smith

Unofficial
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