CERTIFICATION OF VITAL RECORD

1977 JUL 21 AM 11:03

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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

76-012591

641
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1. First: Hazel	Middle: Elizabeth	Last: Stelle		DATE OF DEATH (month, day, year) 2. August 5, 1976	
RACE (White, Negro, American Indian, etc. (specify)) 3. White	SEX 4. Female	AGE—Last birthday (years) 59	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year) 4. January 12, 1917
COUNTY OF DEATH 7a. Jackson	CITY, TOWN, OR LOCATION OF DEATH 7b. Medford	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7d. Hearthstone Nursing Home		
STATE OF BIRTH (If not in U.S.A., name country) 8. Colorado	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Charles Stelle		
SOCIAL SECURITY NUMBER 12. 540-20-2524	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Home		
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Jackson	CITY, TOWN, OR LOCATION 14c. Medford	Inside City Limits (specify yes or no) 14d. Yes	STREET AND NUMBER OR R.F.D. 14e. 610 Clark Street	
FATHER—NAME first middle last 15. Wallace - McDowell	MOTHER—Maiden Name first middle last 16. Alva - Bjorkman	INFORMANT—NAME and relationship to deceased 17. Charles Stelle Husband			

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — Approximate interval between onset and death

18. Immediate cause
(a) [illegible] due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Cancer of Thyroid Gland due to, or as a consequence of: — 4 weeks
(c) Arteriosclerosis — Years

PART II. OTHER SIGNIFICANT CONDITIONS—conditions contributing to death but not related to cause given in Part I (a). AUTOPSY (yes or no) 19a. Yes. If YES were findings considered in determining cause of death 19b. Yes

1. 433.9
2. —
3. —

ACCIDENT (specify yes or no) 20a. No	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	
INJURY AT WORK (specify yes or no) 20g. No	PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) 20e.	LOCATION (street or R.F.D. No., city or town, county, state) 20f.		

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from 21. 1972 to 8/5/76	And last saw him/her alive on 8/4/76	I Did/Did Not view the body after death (specify) I Did	DEATH OCCURRED (hour) 8:15 A.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	
PHYSICIAN—SIGNATURE 22a. [signature]	NAME (type or print) 22b. ROGER H. HUTCHINGS MD degree or Title	DATE SIGNED (month, day, year) 22c. 8-12-76			
MAILING ADDRESS—PHYSICIAN 23. 1025 E. Main street	MEDFORD city or town	ORE state	97501 zip		

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Hillcrest Cemetery	LOCATION city or town 24c. Medford	state Oregon	DATE (mo., day, year) 24d. 8-9-76
FUNERAL DIRECTOR—SIGNATURE 25a. [signature]	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Conger-Morris, 715 W. Main, Medford, Oregon 97501			
REGISTRAR—SIGNATURE 26a. [signature]	DATE RECEIVED BY LOCAL REGISTRAR 26b. AUG 16 1976	DATE RECEIVED BY STATE REGISTRAR 27. SEP 03 1976		

4. —
5. 153
6. 3

RESERVED FOR REGISTRAR'S USE 28.

VS 2 R-69

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: JUL 15 1977

EDWARD J. JOHNSON
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

29043

State of Oregon, County of Klamath
Recorded 7/21/99, at 11:08 a m.
In Vol. M99 Page 29042
Linda Smith,
County Clerk Fees 15 KR

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