

17300

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. 67 PAGE 8197

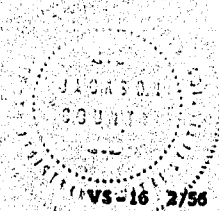
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 617		STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED First Middle Last DALE P. VINCENT		2. PLACE OF DEATH A. COUNTY Jackson			
B. CITY, TOWN, OR LOCATION Medford		C. LENGTH OF STAY IN 28 HOURS 28 hours			
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Providence Hospital		E. STREET ADDRESS, RURAL ROUTE, ETC. 1985 Taylor Road			
4. DATE OF DEATH Month Day Year October 26, 1966		5. SEX Male		6. COLOR OR RACE White	
7. SOCIAL SECURITY NO. 532-05-3853		8. USUAL OCCUPATION (Kind of work done during most of life) Photographer, Writer		9. KIND OF BUSINESS Self-employed	
10. DATE OF BIRTH Month Day Year August 9, 1896		11. AGE LAST BIRTHDAY Yrs 70		12. IF UNDER 1 YEAR Months Days	
13. BIRTHPLACE (State or Foreign Country) Missouri		14. WAS DECEASED A CITIZEN OF U.S. ☒ Yes ☐ No		15. IF DECEASED WAS A VETERAN, WHAT WAR?	
16. NAME OF FATHER James Wiley Vincent		17. MAIDEN NAME OF MOTHER Annie Delphine White		18. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Violet Vincent, widow	
19. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)					
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): MYOCARDIAL INFARCTION 6 days.					
Conditions, if any, which gave rise to above cause (B): coronary sclerosis ?					
DUE TO (C): ?					
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (B): None					
20. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide		21. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work		22. PLACE OF INJURY (Such as Farm, Home, Street, etc.)	
23. TIME OF INJURY Hour Min P. M.		24. DESCRIBE HOW INJURY OCCURRED.		25. City County State	
26. CERTIFICATE: I certify that I (attended) (investigated) (observed) the deceased from or on Oct. 26, 1966, and that the death occurred at 3:50 P.M. from the causes and on the date stated above.					
27. RESERVED FOR REGISTRAR'S USE					
28. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Reinterred ☐ Other		29. DATE Oct. 29, 1966		30. NAME OF CREMATORY OR CEMETERY Eastwood Oddfellows Cemetery	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE (Signature)		33. DIRECTOR'S SIGNATURE AND ADDRESS Conger-Morris, Medford, Ore.	

STATE OF OREGON

County of Jackson

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Jackson County Department of Health.



(SEAL)

Alvin Markel, M.D.

Registrar Vital Statistics

By Josephine Kuyper
Date 11-4-1966

VOID IF ALTERED

STATE OF OREGON, ss
County of Klamath

Filed for record at request of

Violet Vincent

on this 23 day of October A. D. 1967

at 10:55 o'clock AM and duly

recorded in Vol. M-67 of Deeds

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DOROTHY ROGERS, County Clerk

Deputy

Fee 1.50