

FEB 12 11 43 AM 1973
236
Local File Number

STATE OF OREGON
Vital Statistics Section
CERTIFICATE OF DEATH Vol. M-73 Page 1532

DECEASED—NAME First Middle Last
1. Isaac C. Rose

RACE (specify)
2. December 20, 1970
DATE OF DEATH (month, day, year)

3. White
4. Male
5. 71
6. October 18, 1909
DATE OF BIRTH (month, day, year)

CITY, TOWN, OR LOCATION OF DEATH
7a. Deschutes
7b. Bend
7c. Yes
7d. St. Charles Memorial Hospital
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)

STATE OF BIRTH (if not in U.S.A., name country)
8. Kentucky
9. U.S.A.
10. Married
11. Jessie Rose
NAME OF SPOUSE

SOCIAL SECURITY NUMBER
12. 541-14-1809
13. Mill Work
14. Gilchrist Mill
KIND OF BUSINESS OR INDUSTRY

RESIDENCE—STATE
15. Oregon
16. Klamath
17. Gilchrist
18. P. O. Box 663
STREET AND NUMBER OR R.F.D.

FATHER—NAME first middle last
19. Holland Rose
20. Nanny ?
21. Jessie Rose, Wife
INFORMANT—NAME and relationship to deceased

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. Immediate cause
(a) Uremia
(b) Cancer of the prostate with stricture
(c) Hypertension with atherosclerosis
Approximate Interval between onset and death
2 wks
Several yrs.

CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause last
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

ACCIDENT (specify yes or no)
20a. No
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

INJURY AT WORK (specify yes or no)
21a. No
21b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
21c. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION—PHYSICIAN: I attended the deceased from:
21. Nov 15-70 to Dec 20 70
22a. Harry E. Mackey
22b. Harry E. Mackey
22c. M.D.
22d. 12/21/70
DATE SIGNED (month, day, year)

PHYSICIAN—SIGNATURE
23. 226 Wall
24. Prineville
24a. Prineville
24b. Prineville
24c. Prineville
24d. Dec. 23, 1970
DATE (month, day, year)

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
25a. Burial
25b. Niswonger-Reynolds Inc.
25c. 105 Irving
25d. Bend, Oregon 97201
DATE RECEIVED BY LOCAL REGISTRAR
DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE
26a. Cary Mead
26b. 12-21-70
27.

STATE OF OREGON
COUNTY OF Deschutes

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.

SEAL

VOID IF ALTERED

Cary Mead
Registrar of Vital Statistics
By Cary Mead
Date December 21, 1970

STATE OF OREGON, }
County of Klamath } ss.

Filed for record at request of:
Jessie M. Rose
on this 12th day of Feb. A.D., 1973
at 11:43 o'clock A.M. and duly
recorded in Vol. M-73 of Deeds
Page 1532

WM. D. MILNE, County Clerk
By [Signature] Deputy.
Fee \$2.00

VS-2 R-69

23. PHYSICIAN
24. MAILING ADDRESS
25. REGISTRAR SIGNATURE
26. RESERVED FOR REGISTRAR'S USE

27. REGISTRAR SIGNATURE
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