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JUN 8 4 12 PM 1973

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

73-002267

CERTIFICATE OF DEATH

Local File Number | State File Number

DECEASED—NAME: First Doris | Middle B | Last Hicks

1. DATE OF DEATH (month, day, year): 2. January 25, 1973
3. RACE—White, Negro, American Indian, etc. (specify): white
4. SEX: female
5a. AGE—Last birthday (years): 53
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): October 14, 1919
7a. COUNTY OF DEATH: Jackson
7b. CITY, TOWN, OR LOCATION OF DEATH: Medford
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 412 Barnes Ave.,
8. STATE OF BIRTH (If not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Max
12. SOCIAL SECURITY NUMBER: 543-07-3238
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife
13b. KIND OF BUSINESS OR INDUSTRY: home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Jackson
14c. CITY, TOWN, OR LOCATION: Medford
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 412 Barnes Ave.,
15. FATHER—NAME first middle last: Nathaniel Scovell
16. MOTHER—Maiden Name first middle last: Laura Malson
17. INFORMANT—NAME and relationship to deceased: Max Hicks-husband

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18. Immediate cause (a): HEPATOMA — approximate interval between onset and death: OVER 2 MONTHS
(b) due to, or as a consequence of: CIRRHOSIS OF LIVER — OVER 2 MONTHS
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

19a. AUTOPSY (yes or no): yes
19b. IF YES were findings considered in determining cause of death:

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

CERTIFICATION—PHYSICIAN: I attended the deceased from: month 12 day 18 year 72 to month 1 day 25 year 73
And Last Saw Her/Him Alive on: month 1 day 24 year 73
I Did/Did Not view the body after death (specify): I Did Not
DEATH OCCURRED (hour): 6:50 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21.

PHYSICIAN—SIGNATURE: James W. Craft, MD
22b. NAME (type or print) degree or Title: JAMES W. CRAFT MD
22c. DATE SIGNED (month, day, year): 1-27-73
22a.

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 650 ROYAL AVE MEDFORD OREGON 97501
23.

BURIAL, CREMATION, REMOVAL, MAUS. (specify): cremation
24a. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24b. LOCATION city or town: Ashland
state: Oregon
24c.
24d. DATE (mo., day, year): 1/26/73

FUNERAL DIRECTOR—SIGNATURE:
25a.
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Conger-Morris, 715 W. Main, Medford, Oregon 97501

REGISTRAR—SIGNATURE: Charlotte R. Sutherland, Deputy
26a.
DATE RECEIVED BY LOCAL REGISTRAR: 1-29-73
26b.
DATE RECEIVED BY STATE REGISTRAR: FEB 16 1973
27.
RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

STATE OF OREGON ss. DATE ISSUED MAY 18 1973

County of Multnomah

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 8th day of June A. D., 1973 at 4:12 o'clock P.M., and duly recorded in Vol. M 73, of DEEDS on Page 7144

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil