

99502 109

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

## CERTIFICATE OF DEATH

Vol. 15 Page 3687

DECEASED—NAME First Middle Last Cap JESSUP		DATE OF DEATH (month, day, year) March 30, 1975	
1. RACE White, Negro, American Indian, etc. (specify) White	2. SEX Male	3. AGE—Last birthday (years) 83	4. DATE OF BIRTH (month, day, year) March 10, 1892
5. COUNTY OF DEATH Deschutes	6. CITY, TOWN, OR LOCATION OF DEATH Bend	7. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) St. Charles Memorial Hospital	8. NAME OF SPOUSE Ethel M.
9. STATE OF BIRTH (if not in U.S.A., name country) Illinois	10. CITIZEN OF WHAT COUNTRY U. S. A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married	12. SOCIAL SECURITY NUMBER 700 11 0448
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Station Agent & Telegrapher	14. KIND OF BUSINESS OR INDUSTRY Railroad	15. RESIDENCE—STATE Oregon	16. COUNTY Klamath
17. CITY, TOWN, OR LOCATION Chenult	18. STREET AND NUMBER OR R.F.D. Box 127	19. FATHER—NAME first middle last Richard Jessup	20. MOTHER—Maiden Name first middle last Clara Sheridan
21. INFORMANT—NAME and relationship to deceased Ethel M. Jessup Widow	22. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		
(a) Immediate cause ACUTE MYOCARDIAL INFARCT		(b) due to, or as a consequence of: 1 DAY	
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
23. ACCIDENT (specify year) No	24. DATE OF INJURY (month, day, year) 3/29/75	25. HOUR M	26. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) Yes
27. INJURY AT WORK (specify yes or no) No	28. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20c.	29. LOCATION (street or R.F.D. No., city or town, county, state) 20d.	30. DEATH OCCURRED (hour) 6:55 A. M.
31. CERTIFICATION—PHYSICIAN: I attended the deceased from: 3/29/75 TO 3/30/75	32. And Last Saw Him/Her alive on: month day year 3/30/75	33. I duly viewed the body after death (specify) Yes	34. DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
35. PHYSICIAN—SIGNATURE Richard H. Ettinger, M. D.	36. NAME (type or print) Richard H. Ettinger, M. D.	37. degree or title M. D.	38. DATE SIGNED (month, day, year) March 31, 1975
39. MAILING ADDRESS—PHYSICIAN 409 N. E. Greenwood Bend Oregon 97701	40. BIRTHAL CREMATION, REMOVAL, MAUSOLEUM (specify) Mausoleum	41. CEMETERY OR CREMATORY—NAME Greenwood Memorial	42. LOCATION city or town state Bend Oregon
43. FUNERAL DIRECTOR—SIGNATURE Carol Harrison	44. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701	45. DATE RECEIVED BY LOCAL REGISTRAR March 31, 1975	46. DATE RECEIVED BY STATE REGISTRAR April 3, 1975
47. RESERVES FOR REGISTRAR'S USE	48. RESERVED FOR REGISTRAR'S USE	49. RESERVED FOR REGISTRAR'S USE	50. RESERVED FOR REGISTRAR'S USE

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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 Deschutes County Health Department.

SEAL

VOID IF ALTERED

Carol Harrison, deputy  
Carola Harrison, Deputy Registrar  
Vital StatisticsMarch 31 1975  
Date  
RECEIVED APR 1 1975  
11:40 am

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of NISWONGER &amp; REYNOLDS

this 7th day of APRIL A. D., 1975, at 10:40 o'clock A.M., and duly recorded in

Vol. M 75 of DEEDS on Page 3687

FEE \$ 2.00

WM. D. MILNE, County Clerk

By Hazel Dragal Deputy

granted  
to and  
the own  
and that  
ever, except  
IN WITN  
this 19th day  
STATE OF OR  
County of