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195
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 75 Page 5764

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First George; Middle; Last Woodley
2. DATE OF DEATH (month, day, year): March 13-75
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 61
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): February 15, 1914
7. 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): Rogue Valley Hospital
8. STATE OF BIRTH (if not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Grace Woodley
12. SOCIAL SECURITY NUMBER: 506-20-4967
12a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Park Service Adm.
13b. KIND OF BUSINESS OR INDUSTRY: National Park

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Fort Klamath
14d. Inside City Limits (specify yes or no):
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 564
15. FATHER—NAME first middle last: August Woodley
16. MOTHER—Maiden Name first middle last: -
17. INFORMANT—NAME and relationship to deceased: Grace Woodley Wife

CAUSE

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

18. Immediate cause (a) Respiratory Arrest — approximate interval between onset and death: 1 minute
due to, or as a consequence of:
(b) Oat Cell Carcinoma — 4 mos
due to, or as a consequence of:
(c)

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)

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

1. 2. 3.

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 11/17/75 to month day year 3/13/75 And Last Saw Him/Her Alive on: month day year 3/13/75
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 3:50 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

3.13.75

22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print) degree or Title: Yale Sacks M.D
22c. DATE SIGNED (month, day, year): 3/14/75
23. MAILING ADDRESS—PHYSICIAN: 691 Murphy Road (street) Medford (city or town) Oregon (state) 97501 (zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Removal
24b. CEMETERY OR CREMATORY—NAME: Klamath Park
24c. LOCATION city or town state: Klamath Falls Oregon
24d. DATE (mo., day, year): 3-13-75
25a. FUNERAL DIRECTOR—SIGNATURE: Robert M. Neff
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Conger-Morris 715 West Main Medford, Oregon 97501

4. 5. 6.

26a. REGISTRAR—SIGNATURE: Harold R. Sullivan Deputy
26b. DATE RECEIVED BY LOCAL REGISTRAR: 3/17/75
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

Grace Woodley
c/o Freda Helmers
2355 Hafer KD.

VS-2 R-69

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of FREDA HELMERS A.M., and duly recorded in
this 27th day of May A. D., 19 75 at 10:35 o'clock
Vol. M 75 of DEEDS on Page 5764
FEE $ 2.00

WM. P. MILNE, County Clerk
Hazel [signature] Deputy

3/24

STATE OF OREGON
COUNTY OF JACKSON

I hereby certify that the within instrument was received and duly recorded by me in Jackson County Records of Deeds, Volume M75 on Page 5764 Record of Mortgages, Volume M75 on Page 5764 Record