

4054

Vol. ⁷⁵ Page 980338-9517 STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME First Middle Last TINEY ETHEL HOLLER		DATE OF DEATH (month, day, year) March 8, 1975	
RACE (specify) White		SEX Female	AGE-Last birthday (years) 75
COUNTY OF DEATH Coos		DATE OF BIRTH (month, day, year) February 8, 1900	
CITY, TOWN, OR LOCATION OF DEATH North Bend		HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) St. Catherine's Nursing Center	
STATE OF BIRTH (If not in U.S.A., name country) Alabama		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 419-32-2960		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
RESIDENCE-STATE Oregon		KIND OF BUSINESS OR INDUSTRY Hospital	
CITY, TOWN, OR LOCATION Gold Beach		STREET AND NUMBER OR R.F.D. Rogue Terrace, Wedderburn	
FATHER-NAME first middle last Harry D. Odgers		MOTHER-NAME first middle last Welsh Beatrice O. Odgers	
INFORMANT-NAME and relationship to deceased James A. Holler-Husband			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
(a) CARDIAC ARREST			
(b) ACUTE INSUFFICIENCY AND COLLECTIVE HEART FAILURE			
(c) CUA			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
1. ACCIDENT (specify yes or no) No			
2. INJURY AT WORK (specify yes or no) No			
3. DATE OF INJURY (month, day, year) 27 75			
4. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) Medford, Oregon			
5. LOCATION (street or R.F.D. No., city or town, county, state) Medford, Oregon			
6. DATE RECEIVED BY LOCAL REGISTRAR 3/21/75			
7. DATE RECEIVED BY STATE REGISTRAR 3/14/75			
8. DATE OF DEATH (month, day, year) 3 8 75			
9. DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. 8:15 P.M.			
10. PHYSICIAN-SIGNATURE Joseph H. Miller			
11. NAME (type or print) JOSEPH H. MILLER			
12. DEGREE OR TITLE M.D.			
13. DATE SIGNED (month, day, year) 3 14 75			
14. MAILING ADDRESS-PHYSICIAN 295 S. 10th			
15. CITY OR TOWN Medford			
16. STATE Oregon			
17. ZIP 97504			
18. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			
19. CEMETERY OR CREMATORY-NAME Memory Gardens			
20. LOCATION (city or town, state) Medford, Oregon			
21. DATE (mo., day, year) 3/14/75			
22. FUNERAL DIRECTOR-SIGNATURE Norma Jean Morgan			
23. FUNERAL HOME-NAME AND ADDRESS Gold Beach Funeral Home, P.O. Box 1157, Gold Beach, Oregon			
24. DATE RECEIVED BY LOCAL REGISTRAR 3/21/75			
25. DATE RECEIVED BY STATE REGISTRAR 3/14/75			

RECEIVED AUG 21 1975

3:30 pm

STATE OF OREGON

County of Coos

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

*Norma Jean Morgan, M.D., M.P.H.*By *Norma Jean Morgan*Date *March 31* 1975

(Seal)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of **TRANSAMERICATITLE INS. CO**this **21st** day of **AUGUST**, A.D., 1975, at **3:30** o'clock **PM.**, and duly recorded inVol. **M.75**, of **DEEDS**, on Page **9803***Trans.*

FEE\$ 3.00

WM. D. MILNE, County Clerk

By *Harold Drazel* Deputy