STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. MV 176 Page 8944

Local File Number 15061 6/76

State File Number

DECEASED

1. DECEASED—NAME First: Glen Middle: William Last: Israel
2. DATE OF DEATH (month, day, year): September 8, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5. AGE—Last birthday (years): 60 — Under 1 year: mos. days hours min.
6. DATE OF BIRTH (month, day, year): September 29, 1914
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): Rogue Valley Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Colorado
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Alda M. Israel
12. SOCIAL SECURITY NUMBER: 527 29 5747
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher
13b. KIND OF BUSINESS OR INDUSTRY: Own Ranch
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Jackson
14c. CITY, TOWN, OR LOCATION: Gold Hill
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 2000 Lapman Rd.
15. FATHER—NAME first middle last: Henry E. Israel
16. MOTHER—Maiden Name first middle last: Mary Smith
17. INFORMANT—NAME and relationship to deceased: Alda M. Israel - Spouse

CAUSE

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

18. Immediate cause: Cardiac Arrhythmia — approximate interval between onset and death: 24 hrs.
(a) due to, or as a consequence of: Arrhythmia — 4 hrs
(b) 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) ---

19a. AUTOPSY (yes or no): No — IF YES were findings considered in determining cause of death: ---
19b.
20a. ACCIDENT (specify yes or no): No — DATE OF INJURY (month, day, year): ---
20b.
20c. INJURY AT WORK (specify yes or no): No — HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): ---
20d. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): ---
20e. LOCATION (street or R.F.D. No., city or town, county, state): ---
20f. month day year

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: Dec. 18, 1974 to Sept. 8, 1975 — And Last Saw him/her Alive on: month day year — (Did/Did Not View the body after death (specify)): I Did — DEATH OCCURRED (hour): 2:15 a.m. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. PHYSICIAN—SIGNATURE: James Quinn, MD — degree or title
22a. MAILING ADDRESS—PHYSICIAN: street 2417 Doctors Park Dr. — city or town Medford — state Oregon — zip 97501
22b. NAME (type or print)
22c. DATE SIGNED (month, day, year): Sept 12, 1975

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Hillcrest Memorial — LOCATION city or town: Grants Pass — state: Oregon — DATE (mo., day, year): 9-17-75
24b.
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): L.B. Hall Funeral Home, 141 NW C St., Grants Pass, Ore. 97526
24d.
25a. REGISTRAR—SIGNATURE: Charlotte R. Sutherland
25b. DATE RECEIVED BY LOCAL REGISTRAR: 9/15/75
26a. RESERVED FOR REGISTRAR'S USE
26b.
27.
28.

VS-2 R-69

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

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

Ret: Garoutte & Seymour
540 Main
City

Date 9/17, 1975 (SEAL) Void if Altered

Albert R. Kraus MD
Registrar, Vital Statistics

By Charlotte R. Sutherland
Deputy

300

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of June A.D., 19 76 at 4:20 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 8944.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy