

41342

STATE OF OREGON — HEALTH DIVISION  
Vital Statistics Section

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Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last Glenn - Montgomery		DATE OF DEATH (month, day, year) April 11, 1977	
1. RACE White, Negro, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 86
3. COUNTY OF DEATH Jackson		DATE OF BIRTH (month, day, year) May 11, 1890	
7a. CITY, TOWN, OR LOCATION OF DEATH Medford		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Three Fountains Nursing	
8. STATE OF BIRTH (if not in U.S.A., name country) Kansas		CITIZEN OF WHAT COUNTRY U.S.A.	
12. SOCIAL SECURITY NUMBER 520-22-3632		11. NAME OF SPOUSE Helen Montgomery	
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Carpenter		13b. KIND OF BUSINESS OR INDUSTRY Builder	
14a. RESIDENCE—STATE Oregon		14b. CITY, TOWN, OR LOCATION Medford	
14c. STREET AND NUMBER OR R.F.D. 835 Crater Lake Ave.		14d. INSIDE CITY LIMITS (specify yes or no) Yes	
15. FATHER—NAME first middle last James Theodore Montgomery		16. MOTHER—Maiden Name first middle last Lennie - Beane	
17. INFORMANT—NAME and relationship to deceased Helen Montgomery		Wife	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. Immediate cause (a) <i>Acute Congestive Heart Failure</i>			
Conditions, if any, which gave rise to immediate cause (a), due to, or as a consequence of: (b) <i>Arteriosclerotic Heart Disease</i>			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) AUTOPSY (yes or no) IF YES were findings considered in determining cause of death <i>Chronic Emphysema</i> NO NO			
19a. ACCIDENT (specify yes or no) NO		19b. DATE OF INJURY (month, day, year) NO	
20a. INJURY AT WORK (specify yes or no) NO		20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) NO	
20c. LOCATION (street or R.F.D. No., city or town, county, state) NO		20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) NO	
21. CERTIFICATION—PHYSICIAN: I attended the deceased from: March 1977 to April 11, 1977		21. I Did/Did Not view the body after death (specify): Did not	
22a. PHYSICIAN—SIGNATURE <i>W. C. Bishop</i>		22b. NAME (type or print) degree or title W. C. Bishop	
22c. MAILING ADDRESS—PHYSICIAN 32 N. Central Ave. Medford, OR		22d. DATE SIGNED (month, day, year) 4-13-77	
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		23. CEMETERY OR CREMATORY—NAME Eternal Hills	
24a. FUNERAL DIRECTOR—SIGNATURE <i>J. J. Sander</i>		24b. LOCATION—city or town state Klamath Falls Oregon	
25a. REGISTRAR—SIGNATURE <i>Rachel White</i>		25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Conger-Morris, 715 W. Main, Medford, Oregon 97501	
26a. DATE RECEIVED BY LOCAL REGISTRAR April 16, 1977		26b. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE			

VS-2 R-69

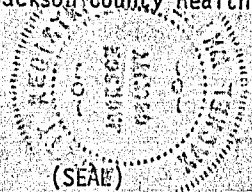
Ret. Helen Montgomery  
3349 Bishop  
City

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.



Registrar, Vital Statistics

Date April 16, 1977

(SEAL)

By Rachel White

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of January A.D., 1978 at 3:34 o'clock P.M., and duly recorded in Vol. M78 of Deeds on Page 338.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernhardt A. Smith Deputy