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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number State File Number

DECEASED—NAME FIRST MIDDLE LAST DATE OF DEATH (MONTH, DAY, YEAR)

1 JEFFREY ERLANDSON January 15, 1978

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) SEX Male AGE—LAST BIRTHDAY (YEARS) 26 UNDER 1 YEAR UNDER 1 DAY

2 White 3A Male 3B 26 3C 3D 3E 3F 3G 3H 3I 3J 3K 3L 3M 3N 3O 3P 3Q 3R 3S 3T 3U 3V 3W 3X 3Y 3Z

COUNTY OF DEATH CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)

7A Jackson 7B 33S 3W Section 4NW corner of Jackson Co., 7C

STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPOUSE (IF MARRIED, WIDOWED) WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)

8 Oregon 9 USA 10 Widowed 11 Lynetta 12 No

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

13 541 - 66 - 2653 14A Accountant 14B Accounting Firm

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER OR R.F.D. INSIDE CITY LIMITS (SPECIFY YES OR NO)

15A Oregon 15B Benton 15C Corvallis 15D 627 NW 2nd Street 15E Yes

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST INFORMANT—NAME AND RELATIONSHIP TO DECEASED

16 Dr. Gordon Erlandson 17 Adelle Zamsky 18 Dr. G. D. Erlandson - Father

BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

19A Mausoleum 19B Haven of Rest Mausoleum 19C Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OF PERSON ACTING AS SUCH—SIGNATURE NAME AND ADDRESS OF FACILITY

20A 20B Memory Gardens Funeral Home 1395 Arnold Lane Medford Ore.

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED THE DECEASED WAS PRONOUNCED DEAD FROM NATURAL CAUSES ACCIDENT SUICIDE

21A 8:00 P. M. 21B Jan. 15 21C 1978 21D 8:00 P. M. 21E 21F 21G 21H 21I 21J 21K 21L 21M 21N 21O 21P 21Q 21R 21S 21T 21U 21V 21W 21X 21Y 21Z

CERTIFIER—SIGNATURE NAME (TYPE OR PRINT) DEGREE OR TITLE

22A 22B 22C 22D 22E 22F 22G 22H 22I 22J 22K 22L 22M 22N 22O 22P 22Q 22R 22S 22T 22U 22V 22W 22X 22Y 22Z

DATE RECEIVED BY REGISTRAR (NO. DAY, YEAR) REGISTRAR

23A Jan. 20, 1978 23B 23C 23D 23E 23F 23G 23H 23I 23J 23K 23L 23M 23N 23O 23P 23Q 23R 23S 23T 23U 23V 23W 23X 23Y 23Z

IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE, BUT LIST ALL IN (A), (B), AND (C)) INTERVAL BETWEEN ONSET AND DEATH

PART I (A) Traumatic Fractures and Internal Injuries Immediate

(B) DUE TO, OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

(C) DUE TO, OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO CAUSE GIVEN IN PART I (A) AUTOPSY (SPECIFY YES OR NO)

24 No

DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25A Jan. 15, 1978 25B 8:00 P. M. 25C Passenger in a twin engine Piper Aztec that crashed

INJ. AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

25D YES 25E Mountain 25F 33S 3W section 4 NW Corner of Jackson Co., Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON

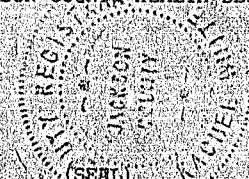
CERTIFIED COPY OF DEATH RECORD

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.

Return to:
Dr. Gordon Erlandson
2026 Lawrence
K 1

DATE JAN 23 1978



REGISTRAR, VITAL STATISTICS

BY Rachel White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 19 78 at 4:29 o'clock P. M., and duly recorded in Vol. M78 of Deeds on Page 1413.

FEE \$3.00

WM. D. MILNE, County Clerk

By Berntha Delich Deputy