

43480 855

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M78 Page 3298

DECEASED-NAME 1. John Peter Olsen Sorenson		First Middle Last		State File Number	
RACE White, Negro, American Indian, etc. (specify) White		SEX Male		AGE-Last birthday (years) 66	
COUNTY OF DEATH Jackson		CITY, TOWN, OR LOCATION OF DEATH Medford		DATE OF DEATH (month, day, year) 2. October 4, 1977	
STATE OF BIRTH (if not in U.S.A., name country) Utah		CITIZEN OF WHAT COUNTRY 9. U.S.A.		DATE OF BIRTH (month, day, year) 6. December 23, 1910	
SOCIAL SECURITY NUMBER 12. 564-10-8043		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married		HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) 7d. Rogue Valley Hospital	
RESIDENCE-STATE 14a. Oregon		COUNTY 14b. Klamath		NAME OF SPOUSE 11. Mildred Sorensen	
FATHER-NAME 15. Soren - Sorensen		MOTHER-Maiden Name 16. Kirsten - Olesen		KIND OF BUSINESS OR INDUSTRY 13b. Navy	
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		approximate interval between onset and death	
(a) Respiratory Arrest				14.00	
(b) LUNG ARTERY				11p	
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)					
ACCIDENT (specify yes or no) 20a. No		DATE OF INJURY (month, day, year) 20b. 10/11/76		HOUR 20c. 10/4/77	
INJURY AT WORK (specify yes or no) 20e. No		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. 691 Murphy Rd. Suite 109		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. M. 20d.	
CERTIFICATION- PHYSICIAN: I attended the deceased from: 21. 10/11/76 to 10/4/77		And Last Saw Him/Her Alive on: 10/4/77		I Did/Did Not view the body after death (specify) 21. DID NOT	
PHYSICIAN-SIGNATURE 22a. [Signature]		NAME (type or print) 22b. Yale Sacks, M.D., P.C.		DEATH OCCURRED (hour) 10:00 A.M.	
MAILING ADDRESS-PHYSICIAN 23. 691 Murphy Rd. Suite 109		CITY OR TOWN Medford, Oregon		DATE SIGNED (month, day, year) 27c. 10/10/77	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Veterans Cemetery		LOCATION city or town 24c. Eagle Point Oregon	
FUNERAL DIRECTOR-SIGNATURE 25a. [Signature]		FUNERAL HOME-NAME AND ADDRESS 25b. Conger-Morris, 715 West Main, Medford, Oregon		DATE (mo., day, year) 24d. 10-11-77	
REGISTRAR-SIGNATURE 26a. [Signature]		DATE RECEIVED BY LOCAL REGISTRAR 26b. OCT 12 1977		DATE RECEIVED BY STATE REGISTRAR 27.	
RESERVED FOR REGISTRAR'S USE 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.

Date OCT 13 1977

(SEAL)

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 22nd day of February A.D., 1978 at 8:46 o'clock A.M., and duly recorded in Vol. M78 of Deeds on Page 3298.

FEE \$3.00

WM. D. MILNE, County Clerk

By Pamela W. Litch Deputy