HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 79 Page 19963

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First WILLIAM Middle BARNETT Last BREAKER
2. DATE OF DEATH (month, day, year): July 20, 1978
3. DATE OF BIRTH (month, day, year): July 21, 1917
4. AGE—Last birthday (years): 60
5. Under 1 year: Mos. Days
6. Under 1 day: Hours Min.
7. RACE (White, Black, American Indian, etc. (specify)): White
8. SEX: Male
9. COUNTY OF DEATH: Josephine
10. CITY, TOWN OR LOCATION OF DEATH: Grants Pass
11. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Josephine General Hosp.
12. If Hosp. Inst. inpatient (specify Yes or No): Yes
13. STATE OF BIRTH (If not in U.S.A., name foreign country): Florida
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. MARITAL STATUS (Married, Widowed, Divorced, Never married): Married
16. SPOUSE (If married, widowed or divorced): Ruth
17. Military Service (specify Yes or No): Yes
18. SOCIAL SECURITY NUMBER: 263-10-1511
19. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Accountant
20. KIND OF BUSINESS OR INDUSTRY: Accounting Industry
21. RESIDENCE—STATE: Oregon
22. COUNTY: Josephine
23. CITY, TOWN, OR LOCATION: Grants Pass
24. STREET AND NUMBER OR R.F.D. No.: 503 Orvill Lane
25. Inside City Limits (specify Yes or No): No
26. FATHER'S NAME: First Middle Last Breaker
27. MOTHER—Maiden Name: First Middle Last Lean Forest
28. INFORMANT—NAME AND ADDRESS: Ruth Breaker, Wife
29. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
30. CEMETERY OR CREMATORY—NAME: Hawthorne Memorial Gardens
31. LOCATION (City or town, state): Grants Pass, Oregon
32. FUNERAL DIRECTOR (Signature): [signature]
33. NAME AND ADDRESS OF FACILITY: Clawson's Chapel of the Valley 2065 Upper River Rd.
34. DATE SIGNED (Mo., Day, Yr.): 7 24 78
35. HOUR OF DEATH: 8:15 P.M.

MEDICAL CERTIFICATION

36. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.
37. [signature]
38. NAME AND ADDRESS OF CERTIFIER (Type or Print): Thomas Brandes M.D. 125 N.E. Manzanita Grants Pass, OR 97526
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
40. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): July 24, 1978
41. REGISTRAR (Signature): La Verla J. Young

42. PART I. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
43. IMMEDIATE CAUSE (a): Ventricular fibrillation — Interval between onset and death: minutes
44. DUE TO, OR AS A CONSEQUENCE OF (b): Acute myocardial infarction — Interval between onset and death: minutes
45. DUE TO, OR AS A CONSEQUENCE OF (c): Atherosclerotic cardiovascular disease — Interval between onset and death: years.
46. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
47. AUTOPSY (Specify Yes or No): No
48. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No):

49. ACCIDENT (Specify Yes or No):
50. DATE OF INJURY (Mo., Day, Yr.):
51. HOUR OF INJURY: AM PM
52. DESCRIBE HOW INJURY OCCURRED:
53. INJURY AT WORK (Specify Yes or No):
54. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
55. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

RESERVED FOR REGISTRAR'S USE

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STATE OF OREGON

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

(SEAL)

DATE: July 26, 1978

VOID IF ALTERED

BY: La Verla J. Young
La Verla J. Young
Registrar Vital Statistics
Josephine County

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JOSEPHINE

Jackson County, Oregon
Recorded
OFFICIAL RECORDS

AUG 28 1978 at 10:00 o'clock A. M., and duly recorded in Vol. M78, of Deeds on Page 19963.

CLERK and RECORDER
By Deputy

STATE OF OREGON, COUNTY OF KLAMATH; ss.:

I hereby certify that the within instrument was received and filed for record on the 11th day of September A.D., 19 78 at 10:00 o'clock A. M., and duly recorded in Vol. M78, of Deeds on Page 19963.

FEE $3.00

WM. D. MILLER, County Clerk
By Deputy