Vol. M79 Page 51

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME First: James Middle: Earl Last: BALDOCK

DATE OF DEATH (month, day, year): 2 December 16, 1978

RACE: White — SEX: Male — AGE—Last birthday (years): 66

DATE OF BIRTH (month, day, year): 6 October 17, 1912

COUNTY OF DEATH: 7a Jackson — CITY, TOWN OR LOCATION OF DEATH: 7b Medford — HOSPITAL OR OTHER INSTITUTION—NAME: Rogue Valley Hospital — IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7d Inpatient

STATE OF BIRTH (if not in U.S.A. name country): 8 Illinois — CITIZEN OF WHAT COUNTRY: 9 USA — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10 Married — SPOUSE (IF MARRIED, WIDOWED): 11 Florence — WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 No

SOCIAL SECURITY NUMBER: 13 543-09-4071 — USUAL OCCUPATION: 14a Farmer — KIND OF BUSINESS OR INDUSTRY: 14b Farm

RESIDENCE—STATE: 15a Oregon — COUNTY: 15b Klamath — CITY, TOWN, OR LOCATION: 15c Klamath Falls — STREET AND NUMBER OR R.F.D., ZIP: Rt. 3 Box 330 97601 — Inside City Limits (specify yes or no): 15e

FATHER—NAME: 16 Harry Victor Baldock — MOTHER—Maiden Name: 17 Martha May Ireland — INFORMANT—NAME and relationship to deceased: 18 Florence Baldock Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial — CEMETERY OR CREMATORY—NAME: 19b Lost River Cemetery — LOCATION city or town, state: 19c Bonanza, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): 20a Beverly J. Morris — NAME AND ADDRESS OF FACILITY: 20b Conger-Morris 715 W. Main Street Medford, Oregon 97501

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature): Roger H. Hatch M.D. — DATE SIGNED (Mo., Day, Yr.): 12/19/78 — HOUR OF DEATH: 21c 12:00 A. M

CERTIFIER — NAME AND TITLE (Type or print): 21d Roger H. Hatch — ADDRESS (Street, city or town, state, zip): Medford, Ore 97501

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a DEC 26 1978 — REGISTRAR (Signature)

PART I — 23 IMMEDIATE CAUSE

(a) Bleeding Gastric Ulcer — Interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute Renal Failure — Interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Ruptured Abdominal A... — Interval between onset and death: Days

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death: Ischemic Hepatic Failure

AUTOPSY (Specify Yes or No): 24 Yes — WAS CASE REFERRED TO MEDICAL EXAMINER: 25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No): 26a NO — DATE OF INJURY (Mo., Day, Yr.): 26b — 26c — HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No): NO — PLACE OF INJURY: 26f — STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 F-68412

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.

Noel R. Kerns MD
REGISTRAR, VITAL STATISTICS

DATE DEC 27 1978

BY Connie Papleusa

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 2nd day of JANUARY A.D., 1979 at 1:30 o'clock PM., and duly recorded in Vol M 79 of DEEDS on Page 51.

WM. D. MILNE, County Clerk

FEE $ 3.00

By Jacqueline J. Mettler Deputy