65054

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

Vol. M 79 Page 7445

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME: First JOHN	Middle D.	Last YOUNG		2 DATE OF DEATH (month, day, year): February 26, 1979	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 69	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year): February 21, 1910
7a COUNTY OF DEATH: Jackson	7b CITY, TOWN OR LOCATION OF DEATH: Medford	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Memorial Hospital			7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient [Specify]: Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Arkansas	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Jessie Lee Young		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 432-16-1246	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foreman:millwright	14b KIND OF BUSINESS OR INDUSTRY: Lumber Manufacturing			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 7314 Flag Court 97601		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: John - Young	17 MOTHER—Maiden Name first middle last: Ida - Berry	18 INFORMANT—NAME and relationship to deceased: Jessie Lee Young, wife			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Mt. Laki Cemetery	19c LOCATION city or town state: Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: William F. Davenport	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: R Vanzee MD — DATE SIGNED [Mo., Day, Yr.]: 2-26-79 — 21c HOUR OF DEATH: 7:35 A M

CERTIFIER — NAME AND TITLE (Type or Print): 21d Bruce Vanzee, MD, 10[illegible] West Main Street, Medford, Oregon 97501 — MAILING ADDRESS (Street, city or town, state, zip)

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a Fe 26 1979 — REGISTRAR [Signature]: [illegible]

JACKSON COUNTY OREGON

PART I			Interval between onset and death
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	(a)	Refractory Hypotension	hours
DUE TO, OR AS A CONSEQUENCE OF:	(b)	Adult Respiratory Distress Syndrome Acute Renal Failure	
DUE TO, OR AS A CONSEQUENCE OF:	(c)	Post-Operative Complications Radical Cystectomy	

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Bladder Cancer

24 AUTOPSY [Specify Yes or No]: Yes

25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]: NO	26b DATE OF INJURY [Mo, Day, Yr.]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK [Specify Yes or No]: NO	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify]	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

VS-2 Rev-8-78 P-65412

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

FEB 26 1979
DATE

(SEAL)

BY: R White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

cc 3rd

Joe Young
920 Archwood Apt 19
K-70

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of April A.D., 19 79 at 4:51 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 7445.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha J. Gilsch Deputy