

69186

79 JUN 13 AM 10 02

Vol. 79 Page 14331

STATE OF ARIZONA

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH		DEATH NO. D 102-9-003483	
NAME OF DECEASED Jesse Dean Beckley		SEX male		DATE OF DEATH February 13, 1979	
RACE (e.g., white, black, American Indian, etc.) White		WAS DECEASED OF SPANISH ORIGIN? (YES, NO) SPECIFY: no		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. no	
PLACE OF BIRTH Yuma		C. HOSPITAL OR INSTITUTION Parker Community Hospital		D. ZIP CODE 97601	
DATE OF BIRTH Feb. 20, 1906		AGE (YEARS, MONTHS, DAYS) 72		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
CITIZEN OF WHAT COUNTRY? Oregon		SOCIAL SECURITY NO. 1541-16-6962A		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Self Employed	
RESIDENCE Oregon		Klamath County Klamath Falls		KIND OF BUSINESS OR INDUSTRY Exxon Service	
STREET ADDRESS OR R.F.D. 12 Crescent Avenue		INSIDE CITY LIMITS? (SPECIFY Yes or No) yes		PREVIOUS STATE OF RESIDENCE Oregon	
FATHER'S NAME Jesse Levi Beckley		MOTHER'S NAME Nellie Mulkey		ADDRESS 21 wife	
FATHER'S SIGNATURE Jesse Levi Beckley		MOTHER'S SIGNATURE Nellie Mulkey		ADDRESS 22 PO Box 1546 Quartzsite, Arizona 85346	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) cremation		CEMETERY OR CREMATORY - NAME Phoenix, Arizona		EMBALMER'S SIGNATURE Laverne J. Roberts	
FUNERAL HOME Parker Funeral Home Box 622 Parker, Arizona 85344		FUNERAL DIRECTOR (person acting as such) SIGNATURE Laverne J. Roberts		CERT. NO. 421a	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Signature and Title Michael Merchant, D.O. Date Signed (Mo., Day, Year) 2/17/79 Hour of Death 8:00 P.M.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Signature and Title Michael Merchant, D.O. Date Signed (Mo., Day, Year) 2/17/79 Hour of Death 8:00 P.M.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3233a	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) Michael Merchant, D.O. Parker, Arizona		REG. DISTRICT 1421		DATE FILED IN STATE OFFICE FEB 25 1979	
PART I - IMMEDIATE CAUSE A. IMMEDIATE CAUSE B. DUE TO, OR AS A CONSEQUENCE OF C. DUE TO, OR AS A CONSEQUENCE OF		PART II - OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female, was the pregnant within past 90 days?) Autopsy (Specify Yes or No) Yes		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes	
MANNER OF DEATH ACCIDENT SUICIDE HOMICIDE		DATE OF INJURY MO DAY YR 52 M 53		PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY 55	
SUPPLEMENTARY ENTRIES		WHERE LOCATED? 56		STREET ADDRESS CITY OR TOWN STATE	

Wm. D. Milne
P.O. Box 57
K. Falls, Ar.

CERTIFIED COPY OF VITAL RECORD

JUN 06 1979

STATE OF ARIZONA
COUNTY OF MARICOPA

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ. Issued under the authority of A.R.S. 36-341, and by direction of

15479

SHIRAZI LAMONY, M.D., M.P.H. Director
Department of Health Services
State Registrar

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 19th day of June A.D., 19 79 at 10:02 o'clock A M., and duly recorded in Vol. 179 of Deeds on Page 14334.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha Helosh

Deputy