70279
K-3142
78-473
Local File Number

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

Vol. M 79 Page 16137

CERTIFICATE OF DEATH

PH 3 30

State File Number

DECEASED—NAME 1	First: Elmer	Middle: Preston	Last: Vincent					DATE OF DEATH (month, day, year) 2	May 26, 1978
RACE White, Black, American Indian, etc.(specify) 3	White	SEX 4	Male	AGE—Last birthday (years) 5a	78	Under 1 year: mos. 5b / days	Under 1 day: hours 5c / min.	DATE OF BIRTH (month, day, year) 6	March 29, 1900
COUNTY OF DEATH 7a	Jackson	CITY, TOWN OR LOCATION OF DEATH 7b	Medford	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c	Rogue Valley Mem. Hospt.			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	California	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married	SPOUSE (IF MARRIED, WIDOWED) 11	Lura Beth Vincent	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12	NO
SOCIAL SECURITY NUMBER 13	700-09-9411	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Railroad Engineer	KIND OF BUSINESS OR INDUSTRY 14b	Railroad				
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath	STREET AND NUMBER OR R.F.D., ZIP 15d	2525 Reclamation Ave. 97601	Inside City Limits (specify yes or no) 15e	Yes
FATHER—NAME first middle last 16	William E. Vincent	MOTHER—Maiden Name first middle last 17	Martha M. Johnstone	INFORMANT—NAME and relationship to deceased 18	Lura B. Vincent, Wife				
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Burial	CEMETERY OR CREMATORY—NAME 19b	Eternal Hills Memorial Gardens	LOCATION city or town state 19c	Klamath Falls, Oregon				
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a	Mike Ofair	NAME AND ADDRESS OF FACILITY 20b	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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] M E Matthess

DATE SIGNED [Mo., Day, Yr.] 21b 6/1/78

HOUR OF DEATH 21c 7:40 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e MINOR E MATTHESS, M.D.

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a JUN 03 1978

REGISTRAR 22b [Signature] Beverly Dunsdorf

JACKSON COUNTY OREGON

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) CARDIAC ARREST — Interval between onset and death: IMMEDIATE

DUE TO, OR AS A CONSEQUENCE OF:

(b) CORONARY ARTERY DISEASE — Interval between onset and death: UNKNOWN

DUE TO, OR AS A CONSEQUENCE OF:

(c) CONGESTIVE HEART FAILURE — Interval between onset and death:

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

AUTOPSY [Specify Yes or No] 24: No

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

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo., Day, Yr.] 26b	HOUR OF INJURY 26c	Describe HOW INJURY OCCURRED 26d
NO			

INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
NO					

RESERVED FOR REGISTRAR'S USE

RETURN TO LURA VINCENT
Rt 2 Box 2673 LaGrande, OR 97850

VS-2 Rev-1-78 P-65412

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.

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE JUN 06 1978 (SEAL) BY: Beverly Dunsdorf

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 9th day of JULY A.D., 19 79 at 3:30 o'clock P M., and duly recorded in Vol M 79, of DEEDS on Page 16137.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Bernetha Letsch Deputy