MTC-8001-F M79 Page 16337

70406 855 Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'77 015568

1 DECEASED—NAME	First: John	Middle: Peter	Last: Olsen Sorensen			2 DATE OF DEATH (month, day, year)	October 4, 1977
3 RACE (White, Negro, American Indian, etc. (specify))	White	4 SEX	Male	5a AGE—Last birthday (years)	66	6 DATE OF BIRTH (month, day, year)	December 23, 1910
7a COUNTY OF DEATH	Jackson	7b CITY, TOWN, OR LOCATION OF DEATH	Medford	7c Inside City Limits (specify yes or no)	Yes	7d HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Rogue Valley Hospital
8 STATE OF BIRTH (If not in U.S.A., name country)	Utah	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11 NAME OF SPOUSE	Mildred Sorensen
12 SOCIAL SECURITY NUMBER	564-10-8043	13a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Retired	13b KIND OF BUSINESS OR INDUSTRY	Navy		
14a RESIDENCE—STATE	Oregon	14b COUNTY	Klamath	14c CITY, TOWN, OR LOCATION	Keno	14d Inside City Limits (specify yes or no)	No
14e STREET AND NUMBER OR R.F.D.	P.O. Box 426						
15 FATHER—NAME first middle last	Soren - Sorensen	16 MOTHER—Maiden Name first middle last	Kirsten - Olesen	17 INFORMANT—NAME and relationship to deceased	Mildred Sorensen Wife		

PART I DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

		Approximate interval between onset and death
18 Immediate cause (a)	Respiratory Arrest	Unknown
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) due to, or as a consequence of:	Lymphosarcoma	1 Yr
(c) due to, or as a consequence of:		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

19a AUTOPSY (yes or no): No — 19b IF YES were findings considered in determining cause of death

20a ACCIDENT (specify yes or no)	No	20b DATE OF INJURY (month, day, year)		20c HOUR	M.
20d HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)					
20e INJURY AT WORK (specify yes or no)	No	20f PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		20g LOCATION (street or R.F.D. No., city or town, county, state)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 10/11/76 to 10/4/77 And Last Saw Him/Her Alive on: month day year 10/4/77 I Did/Did Not view the body after death (specify): I Did Not — DEATH OCCURRED (hour): 10:00 A M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a PHYSICIAN—SIGNATURE (degree or Title): [signature] — 22b NAME (type or print): Yale Sacks, M.D., P.C. — 22c DATE SIGNED (month, day, year): 10/10/77

23. MAILING ADDRESS—PHYSICIAN: 691 Murphy Rd. Suite 109 (street) Medford (city or town) Oregon (state) 97501 (zip)

24a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial — 24b CEMETERY OR CREMATORY—NAME: Veterans Cemetery — 24c LOCATION (city or town, state): Eagle Point Oregon — 24d DATE (mo., day, year): 10-11-77

25a FUNERAL DIRECTOR—SIGNATURE: [signature] — 25b FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Conger-Morris, 715 West Main, Medford, Oregon 97501

26a REGISTRAR—SIGNATURE: [signature] — 26b DATE RECEIVED BY LOCAL REGISTRAR: OCT 12 1977 — 27. DATE RECEIVED BY STATE REGISTRAR: OCT 24 1977

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

DATE ISSUED July 6 1979

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Melvin C. Haun

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

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 July A.D., 1979 at 12:22 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 16337.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Hetzel Deputy