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

71375

Vol. M 79 Page 17865

CERTIFICATE OF DEATH

Local File Number | State File Number

DECEASED—NAME 1 First: JOHN	Middle: RICHARD	Last: ORBEA, JR.		DATE OF DEATH (month, day, year) 2 December 4, 1978	
RACE White, Black, American Indian, etc.(specify) 3 Basque	SEX 4 Male	AGE—Last birthday (years) 5a 63	Under 1 year: mos. / days 5b	Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year) 6 May 21, 1915
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 Memorial			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 Oregon	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Jacqueline		WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12 Yes
SOCIAL SECURITY NUMBER 13 518-07-6251	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Owner-Idaho Food King	KIND OF BUSINESS OR INDUSTRY 14b Retail Sales			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Jackson	CITY, TOWN, OR LOCATION 15c Phoenix	STREET AND NUMBER OR R.F.D., ZIP 15d 215 North Main St. 97535		Inside City Limits (specify yes or no) 15e Yes
FATHER—NAME first middle last 16 John R. Orbea, Sr.	MOTHER—Maiden Name first middle last 17 Mary F. Laucicua	INFORMANT—NAME and relationship to deceased 18 Jacqueline Orbea - Wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Mt. View Crematory	LOCATION city or town state 19c Ashland, Oregon			
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a	NAME AND ADDRESS OF FACILITY 20b Perl Funeral Home, 426 West Sixth St., Medford, OR				

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.D. | DATE SIGNED [Mo., Day, Yr.] 21b December 7, 1978 | HOUR OF DEATH 21c 2:50 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d Robert L. Ramsey, M.D., 691 Murphy Road, Medford, Oregon 97501

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a December 7, 1978 | REGISTRAR 22b [Signature]

PART I 23 IMMEDIATE CAUSE (a) Respiratory Arrest	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic			Interval between onset and death: ten months
DUE TO, OR AS A CONSEQUENCE OF: (c)			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 no	DATE OF INJURY [Mo, Day, Yr] 26b -	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK [Specify Yes or No] 26e no	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

RESERVED FOR REGISTRAR'S USE

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.

Robert L. Ramsey M.D.
REGISTRAR, VITAL STATISTICS

DATE DEC 7 1978 (SEAL) BY Carrie Lee Ames

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Return To: Jacqueline Orbea 215 N. Main P.O. Box 385 Phoenix Ore 97535

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of JULY A.D., 19 79 at 12;04 o'clock P M., and duly recorded in Vol M 79, of DEEDS on Page 17865.

WM. D. MILNE, County Clerk

FEE $ 8.00 By Hazel Drage Deputy