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

Vol. M 79 Page 23346

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEASED—NAME: First: George; Middle: Bernard; Last: RAWLINS
2 DATE OF DEATH (month, day, year): September 22, 1979
3 RACE White, Black, American Indian, etc.(specify): White
4 SEX: Male
5a AGE—Last birthday (years): 78
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): October 30, 1900
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 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): Canada
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Jean
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: 541-22-1658
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
14b KIND OF BUSINESS OR INDUSTRY: Automobiles
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 72 Pine Street 97601
15e Inside City Limits (specify yes or no): -
16 FATHER—NAME first middle last: George Henry Rawlins
17 MOTHER—Maiden Name first middle last: Elizabeth Duffin
18 INFORMANT—NAME and relationship to deceased: Jean Rawlins Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY—NAME: Hillcrest Crematory
19c LOCATION city or town state: Medford, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Robert W. Hall
20b NAME AND ADDRESS OF FACILITY: Conger-Morris 715 W. Main Street Medford, Oregon

CERTIFIER

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]: Edward [illegible]
21b DATE SIGNED [Mo., Day, Yr.]:
21c HOUR OF DEATH: 2:00 P.M. M
CERTIFIER — NAME AND TITLE (Type or print):
MAILING ADDRESS (Street, city or town, state, zip):
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a
REGISTRAR 22b [Signature]

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 PART I (a) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]: MACC CVA
DUE TO, OR AS A CONSEQUENCE OF: CARCINOMA OF LUNGS — Interval between onset and death: 2½ mos
(b)
DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) — Interval between onset and death

ACCIDENT [Specify Yes or No] 26a: NO	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c M	AUTOPSY [Specify Yes or No] 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No]: NO
INJURY AT WORK [Specify Yes or No] 26e: NO	PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify] 26f	DESCRIBE HOW INJURY OCCURRED 26d		
RESERVED FOR REGISTRAR'S USE		LOCATION 26g STREET OR R.F.D. NO. CITY OR TOWN STATE		

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

SSM 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.

George Proctor
280 Main
K Falls, Or

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE Sept 24 1979 (SEAL) BY: Rachel White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

3.50 CK

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of October A.D., 19 79 at 3:25 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 23346.

FEE $3.50

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