77137 TA-M-19757-3

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

Vol. M79 Page 27246

CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: Wana; Middle: Patients; Last: WARD

2 DATE OF DEATH (month, day, year): June 7, 1979

3 RACE (White, Black, American Indian, etc.)(specify): White

4 SEX: Female

5a AGE—Last birthday (years): 57

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 21, 1922

7a COUNTY OF DEATH: Jackson

7b CITY, TOWN OR LOCATION OF DEATH: Gold Hill

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2097 Rogue River Hwy

7d IF HOSPITAL OR INSTITUTION, DOA, OPD, Emergency Room, Inpatient (Specify)

8 STATE OF BIRTH (If not in U.S.A., name country): Idaho

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Marvin Ward

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 543-186-825

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Jackson

15c CITY, TOWN, OR LOCATION: Gold Hill

15d STREET AND NUMBER OR R.F.D., ZIP: 2097 Rogue River Hwy 97525

15e Inside City Limits (specify yes or no)

16 FATHER—NAME first middle last: Thomas K. Harper

17 MOTHER—Maiden Name first middle last: Lola

18 INFORMANT—NAME and relationship to deceased: Marvin Ward Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Hillcrest Memorial Park

19c LOCATION city or town state: Medford, Oregon

20a FUNERAL SERVICE LICENSEE OR person acting As Such [Signature]: Beverly J. Morris

20b NAME AND ADDRESS OF FACILITY: Conger-Morris 715 W. Main Street Medford, Oregon 97501

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]: J. Scott Sanders

21b DATE SIGNED [Mo., Day, Yr.]: 6/11/79

21c HOUR OF DEATH: 7:30 A. M

21d CERTIFIER — NAME AND TITLE (Type or Print): J. Scott Sanders M.D.

21e MAILING ADDRESS (Street, city or town, state, zip): 691 Monta[illegible] Medford, Ore 97501

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUN 13 1979

22b REGISTRAR [Signature]: Rachel White

CAUSE OF DEATH

PART I

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

(a) RESPIRATORY FAILUR — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) METASTATIC CARC[illegible] — Interval between onset and death:

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)

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): N/A

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

JACKSON COUNTY OREGON

VS-2 Rev-8-78 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 13 1979 (SEAL) BY: Rachel White

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 20th day of November A.D., 1979 at 3:55 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 27246.

TA FEE $3.50

WM. D. MILNE, County Clerk
By Beverly Deitrich Deputy