T/A 38-20800-6-T

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

Vol. M80 Page 1189

79597

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: Claude; Middle: Shirley; Last: Kerns		DATE OF DEATH (month, day, year) (2): March 27, 1978
RACE (3): White	SEX (4): Male; AGE—Last birthday (years) (5a): 68; Under 1 year mos./days (5b): ; Under 1 day hours/min. (5c):	DATE OF BIRTH (month, day, year) (6): November 30, 1909
COUNTY OF DEATH (7a): Jackson	CITY, TOWN OR LOCATION OF DEATH (7b): Medford; HOSPITAL OR OTHER INSTITUTION—NAME (7c): Providence Hospital	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (7d): Inpatient
STATE OF BIRTH (If not in U.S.A., name country) (8): Oregon	CITIZEN OF WHAT COUNTRY (9): USA; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (10): Married; SPOUSE (11): Frances Kerns	WAS DECEDENT EVER IN U.S. ARMED FORCES? (12): Yes
SOCIAL SECURITY NUMBER (13): 576-01-5874	USUAL OCCUPATION (14a): Rancher	KIND OF BUSINESS OR INDUSTRY (14b): Retired
RESIDENCE—STATE (15a): Oregon; COUNTY (15b): Jackson	CITY, TOWN, OR LOCATION (15c): Eagle Point; STREET AND NUMBER OR R.F.D., ZIP 97524 (15d): 3100 Rogue River Drive	Inside City Limits (specify yes or no) (15e):
FATHER—NAME (16): Benjamin	MOTHER—Maiden Name (17): Agnes Mattoon	INFORMANT—NAME and relationship to deceased (18): Frances Kerns Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a): Cremation	CEMETERY OR CREMATORY—NAME (19b): Hillcrest Memorial Park	LOCATION city or town, state (19c): Medford, Oregon
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] (20a): [signature]	NAME AND ADDRESS OF FACILITY (20b): Conger-Morris 715 West Main Street Medford, Oregon 97501	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (21a) [Signature]: [signature]	DATE SIGNED [Mo., Day, Yr.] (21b): 3-28-78	HOUR OF DEATH (21c): 12:42 A. M
NAME AND ADDRESS OF CERTIFIER [Type or Print] (21d):		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] (21e): John R. Porto, M.D. 2921 Doctors Park Dr. Medford, Oregon 97501		
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a): March 31, 1978	REGISTRAR (22b) [Signature]: Rachel White	

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

IMMEDIATE CAUSE (a)	[illegible handwriting]	Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b)	Carcinoma of [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)	AUTOPSY [Specify Yes or No] (24): No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No] (25): 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 STREET OR R.F.D. NO. CITY OR TOWN STATE (26g):

RESERVED FOR REGISTRAR'S USE

Return to: T/A - Julie

VS-2 Rev-1-78 P-65412

JACKSON COUNTY OREGON

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.

[signature]
REGISTRAR, VITAL STATISTICS

(SEAL)

DATE APR 04 1978

BY [signature: 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 21st day of January A.D., 19 80 at 11:24 o'clock A.M., and duly recorded in Vol M-80, of Deeds on Page 1189.

WM. D. MILNE, County Clerk
By [signature: Jacqueline J. Mettler] Deputy

FEE $3.50