

T/A 38-20800-6-7

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

Vol. 1180 Page 1189

79597

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME			First Middle Last			DATE OF DEATH (month, day, year)		
1 Claude Shirley Kerns						2 March 27, 1978		
RACE White, Black, American Indian, etc. (Specify)			SEX			DATE OF BIRTH (month, day, year)		
3 White			4 Male			6 November 30, 1909		
COUNTY OF DEATH			CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		
7a Jackson			7b Medford			7c Providence Hospital		
STATE OF BIRTH (If not in U.S., name country)			CITIZEN OF WHAT COUNTRY			SPOUSE (IF MARRIED, WIDOWED)		
8 Oregon			9 USA			11 Frances Kerns		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13 576-01-5874			14a Rancher			14b Retired		
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION		
15a Oregon			15b Jackson			15c Eagle Point		
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last			STREET AND NUMBER OR R.F.D., ZIP		
16 Benjamin			17 Agnes Mattoon			15d 3100 Rogue River Drive		
BURIAL, CREMATION, REMOVAL, MAUS (Specify)			CEMETERY OR CREMATORY—NAME			INFORMANT—NAME and relationship to deceased		
19a Cremation			19b Hillcrest Memorial Park			18 Frances Kerns Wife		
FEDERAL SERVICE, LICENSE or permit Acting As Such (Specify)			NAME AND ADDRESS OF FACILITY			LOCATION city or town state		
20a			20b Conger-Morris			19c Medford, Oregon		
To be completed by CERTIFYING PHYSICIAN Only			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21a [Signature]			21b 3-28-78			21c 12:42 A. M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR		
21d			21e March 31, 1978			22a [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR		
21e John R. Porto, M.D.			21f 3/29/78			22b [Signature]		
PART I IMMEDIATE CAUSE			PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a)			AUTOPSY (Specify Yes or No)		
(a) DUE TO, OR AS A CONSEQUENCE OF:			(b) DUE TO, OR AS A CONSEQUENCE OF:			24 NO		
(b) DUE TO, OR AS A CONSEQUENCE OF:			(c) DUE TO, OR AS A CONSEQUENCE OF:			25 [Specify Yes or No] NO		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Yr.)			HOURS OF INJURY		
26a NO			26b			26c		
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		
26e NO			26f			26g		
RESERVED FOR REGISTRAR'S USE								

Return to: T/A - Julie

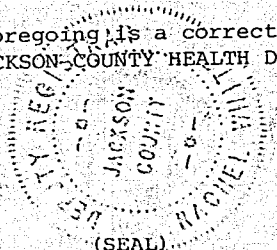
VS-2 Rev-1-78 P-65412

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.



REGISTRAR, VITAL STATISTICS

DATE APR 04 1978

BY

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

VOTED IN ATTENDANCE

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.

FEE \$3.50

WM. D. MILNE, County Clerk

By Jaqueline J. Mettler Deputy