State of Oregon
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

2448

'81 JUL 24 AM 0 48

CERTIFICATE OF DEATH

Vol. M81 Page 13273

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First: John; Middle: A.; Last: Marshall

2 DATE OF DEATH (month, day, year): June 26, 1981

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

4 SEX: Male

5a AGE—Last birthday (years): 73

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 12, 1907

7a CITY, TOWN OR LOCATION OF DEATH: Medford,

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Hospital

7c IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Jackson

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Olive H.

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

13 SOCIAL SECURITY NUMBER: 514-42-9798

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

14b KIND OF BUSINESS OR INDUSTRY: Farming

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Box 808, Rt. 2 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Albert L. Marshall

17 MOTHER—Maiden Name first middle last: Hattie E. Eigelsbach

18 INFORMANT—NAME and relationship to deceased: Anne M. Shuck daughter

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

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd 6420 South Sixth Street, Klamath Falls, Oregon 97601

POSITION

1. _____
2. _____
3. _____

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. T. Brandenburg MD

21b DATE SIGNED [Mo., Day, Yr.]: 7/1/81

21c HOUR OF DEATH: 1:45 AM

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: J. T. Brandenburg, MD 1025 East Main Street, Medford, Oregon 97501

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Bruce E. Poe MD 1025 E. Main St. Medford

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 2 1981

22b REGISTRAR [Signature]: Jay Mecard

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (a) Cardiac Arrhythmia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic Hypertensive Heart Disease — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Hypertensive Cardiovascular Disease — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

Chronic Renal Failure

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

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]: No

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

William F. Davenport
640 Main
Klamath Falls, Or.

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

HS-2 (Rev. 1/80)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

JACKSON COUNTY (SEAL)

Albert R Kramis MD
REGISTRAR, VITAL STATISTICS

DATE JUL 6 1981

BY: Jay Mecard

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 24th day of July A.D., 19 81 at 10:48 o'clock AM., and duly recorded in Vol M81 of Deeds on page 13273.

Fee $ 3.50

EVELYN BIEHN
COUNTY Clerk

By Lenora A. Litock deputy