

Vital Records Unit

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT
IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

CAUSE OF
DEATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1 <u>Algie</u>	2 <u>Edward</u>	3 <u>August 5, 1981</u>	
4 <u>White</u>	5 <u>Male</u>	6 <u>September 14, 1908</u>	
CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME	COUNTY OF DEATH	
7a <u>Hyatt Lake Resort</u>	7b <u>DOA</u>	7c <u>Jackson</u>	
8 <u>Iowa</u>	9 <u>USA</u>	10 <u>Married</u>	
SOCIAL SECURITY NUMBER	11 <u>Angeline</u>	12 <u>Yes</u>	
13 <u>483-01-7904</u>	14a <u>Electrician Ret.</u>	14b <u>Electric</u>	
RESIDENCE—STATE	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	
15a <u>Oregon</u>	15b <u>Jackson</u>	15c <u>Medford</u>	
FATHER—NAME	MOTHER—Maiden Name	INFORMANT—NAME and relationship to deceased	
16 <u>Vernon</u>	17 <u>Verna</u>	18 <u>Angeline Northrop - Wife</u>	
BURIAL, CREMATION, REMOVAL, MAUS, (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state	
19a <u>Burial</u>	19b <u>V.A. Cemetery</u>	19c <u>Eagle Point Oregon</u>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such	NAME AND ADDRESS OF FACILITY		
20a <u>Randy M. Litwiler</u>	20b <u>Litwiler Funeral Home, 1811 Ashland, Oregon</u>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) <u>Kenneth R. Ampel</u>		21b <u>8/17/81</u>	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21c <u>1842</u>	
21d <u>Kenneth R. Ampel, M.D., 601 Murphy Road, Medford, Oregon 97501</u>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21e <u>DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)</u>		22a <u>August 14, 1981</u>	
23 IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <u>Coronary artery disease</u>		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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 <u>No</u>		25 <u>Yes</u>	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a <u>No</u>	26b <u>No</u>	26c <u>No</u>	26d <u>No</u>
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO CITY OR TOWN STATE
26e <u>No</u>	26f <u>No</u>	26g <u>No</u>	26h <u>No</u>

HARBISON, KELLINGTON, KRACK & RICHMOND

LAW OFFICES

P. O. BOX 1583

MEDFORD, OREGON 97501
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

Robert R. Kearns M.D.
REGISTRAR, VITAL STATISTICS

DATE AUG 14 1981

(SEAL)

BY: Jeff M. Measard

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

15th day of October A.D., 1981 at 1:38 o'clock p M., and duly recorded in

Vol M81 of Deeds on page 18118.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

John A. Paul deputy