

CERTIFICATE OF DEATH

Vol. ML Page 21754

Vital Records Unit

550-817

Local File Number

1. DECEASED NAME First Middle Last <u>Alfred Edward Hager</u>		2. DATE OF DEATH (month, day, year) <u>December 9, 1981</u>	
3. SEX <u>Male</u>		4. DATE OF BIRTH (month, day, year) <u>August 12, 1922</u>	
5. CITY, TOWN OR LOCATION OF DEATH <u>Grants Pass</u>		6. COUNTY OF DEATH <u>Josephine</u>	
7. STATE OF BIRTH (if not in U.S., name country) <u>Colorado</u>		8. USUAL OCCUPATION (give kind of work done during most of working life, when retired) <u>Heavy Equipment Operator</u>	
9. SOCIAL SECURITY NUMBER <u>706-09-4982</u>		10. MARRIAGE STATUS <u>Married</u>	
11. RESIDENCE—STATE <u>Oregon</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>Yes</u>	
13. FATHER—NAME <u>Ben Hager</u>		14. MOTHER—NAME <u>Josephine</u>	
15. BIRTH DATE <u>August 12, 1922</u>		16. BIRTH PLACE <u>Grants Pass, Oregon</u>	
17. CITY, TOWN OR LOCATION <u>Grants Pass</u>		18. STREET AND NUMBER OF RES. (if applicable) <u>Hope Avenue 97601</u>	
19. NAME AND ADDRESS OF FACILITY <u>Hull & Hull Crematorium</u>		20. DATE SIGNED (month, day, year) <u>12-11-81</u>	
21. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Daniel L. Moline M.D., 124 N.W. Midland Avenue, Grants Pass, Oregon 97526</u>		22. HOUR OF DEATH <u>12:13 A.M.</u>	

23. IMMEDIATE CAUSE (a) <u>Brain tumor, metastatic to brain, lung</u> (b) <u>due to, or as a consequence of:</u> <u>adenoma</u> (c) <u>OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause (given in part 1 (a))</u>		24. AUTOPSY (Specify Yes or No) <u>No</u>	
25. DATE OF INJURY (Month, Day, Year) <u>December 11, 1981</u>		26. HOUR OF INJURY <u>3:00</u>	
27. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <u>Home</u>		28. DESCRIBE HOW INJURY OCCURRED <u>Metastatic to brain, lung</u>	
29. INJURY AT WORK (Specify Yes or No) <u>No</u>		30. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <u>No</u>	
31. RESERVED FOR REGISTRAR'S USE		32. CITY OR TOWN <u>Grants Pass</u>	
33. STATE <u>Oregon</u>		34. COUNTY <u>Josephine</u>	

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

(SEAL)
VOID IF ALTERED

DATE December 11, 1981

BY La Verla J. Young
Registrar Vital Statistics
Josephine County

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the

22 day of December A.D., 1981 at 9:59 o'clock A M., and duly recorded in Vol. M 81 of Deeds on page 21754.

EVELYN BIEHN
COUNTY CLERK

By Joey M. Stine deputy