of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

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

8546 475 — Local File Number

Vital Records Unit

Vol M82 Page 945 — State File Number

DECEASED—NAME 1 First: Jesse Middle: Orville Last: Cobb

DATE OF DEATH (month, day, year) 2: December 17, 1981

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

SEX 4: Male

AGE—Last birthday (years) 5a: 72

Under 1 year: mos 5b / days — Under 1 day: hours 5c / min

DATE OF BIRTH (month, day, year) 6: February 20, 1909

CITY, TOWN OR LOCATION OF DEATH 7a: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: Klamath Co. Nursing Home

IF HOSP. OR INST. Indicate DOA, OP/Emerg. Room, Inpatient (Specify) 7c: Inpatient

COUNTY OF DEATH 7d: Klamath

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

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

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

SPOUSE (IF MARRIED, WIDOWED) 11: Hazel Cobb

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

SOCIAL SECURITY NUMBER 13: 543-07-3271

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

KIND OF BUSINESS OR INDUSTRY 14b: So. Pacific Railroad

RESIDENCE—STATE 15a: Oregon

COUNTY 15b: Klamath

CITY, TOWN, OR LOCATION 15c: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP 15d: 3729 Butte St. 97601

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

FATHER—NAME first middle last 16: James David Cobb

MOTHER—Maiden Name first middle last 17: Mary Francis Warner

INFORMANT—NAME and relationship to deceased 18: Hazel Cobb, Wife

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

CEMETERY OR CREMATORY—NAME 19b: Klamath Memorial Park

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

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a:

NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, Inc. 515 Pine, Klamath Falls, Ore.

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]:

DATE SIGNED (Mo., Day, Yr.) 21b: 12-21-81

HOUR OF DEATH 21c: 9:25 A.M.

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d: Raymond Tice M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: DEC 22 1981

REGISTRAR 22b [Signature]: Claudia Francis

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

(a) Myocardial Infarction — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary Artery Disease — Interval between onset and death: 15 months

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): Generalized Atherosclerosis, Cerebrovascular Accident

AUTOPSY (Specify Yes or No) 24: No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: No

ACCIDENT (Specify Yes or No) 26a:

DATE OF INJURY (Mo., Day, Yr.) 26b:

HOUR OF INJURY 26c: M

DESCRIBE HOW INJURY OCCURRED 26d:

INJURY AT WORK (Specify Yes or No) 26e:

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

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath

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

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date DEC 22 1981

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

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 January A.D., 19 82 at 3:28 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 945.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy