

17460

 1982 NOV 22 PM 4 28
 DIVISION OF OREGON
 DEPARTMENT OF HUMAN RESOURCES
 Vital Statistics Section

Vol. M82 Page 15577

CERTIFICATE OF DEATH

Local File Number

DECEASED—NAME First Middle Last
 1 Hazel LEACH

RACE White, Black, American Indian, etc. (specify)
 3 White SEX 4 Female AGE—Last Birthday (years) 5a 50

CITY, TOWN OR LOCATION OF DEATH 7b Medford HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c Rogue Valley Hospital

STATE OF BIRTH (if not in U.S.A., name country) 8 Arkansas CITIZEN OF WHAT COUNTRY 9 USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married

SPOUSE (IF MARRIED, WIDOWED) 11 Glen

SOCIAL SECURITY NUMBER 13 541-28-9367 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker KIND OF BUSINESS OR INDUSTRY 14b Own Home

RESIDENCE—STATE 15a Oregon COUNTY 15b Klamath CITY, TOWN, OR LOCATION 15c Klamath Falls STREET AND NUMBER OR R.F.D. NO. 15d Box 73KK Herriman Route

FATHER—NAME first middle last 16 William C. Quigley MOTHER—Maiden Name first middle last 17 Theo Beulah

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial CEMETERY OR CREMATORY—NAME 19b Klamath Memorial Park

FUNERAL SERVICE LICENSEE Or person acting As Such (Signature) 20a Senarily J. Morris NAME AND ADDRESS OF FACILITY 20b Conger-Morris 715 W. Main Street Medford, Oregon

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) H. H. Six DATE SIGNED (Mo., Day, Yr.) 21b 9/16/79 HOUR OF DEATH 21c 2:20 A.

CERTIFIER — NAME AND TITLE (Type or print) 21d Herbert H. Six, M.D. 691 N. Main St. Med., OR.

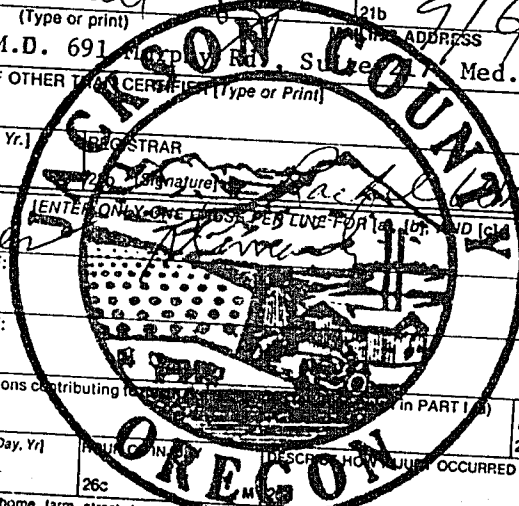
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e _____

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a Sept 11, 1979

23 IMMEDIATE CAUSE
 (a) Cancer Interval between onset and death
 (b) _____ Interval between onset and death
 (c) _____ Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death (in PART I)
 ACCIDENT (Specify Yes or No) 24a No DATE OF INJURY (Mo., Day, Yr.) 24b _____
 INJURY AT WORK (Specify Yes or No) 25a No PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25b _____
 AUTOPSY (Specify Yes or No) 24 No WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No

RESERVED FOR REGISTRAR'S USE



STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

VS-2 Rev-8-78 P-65412

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

DATE SEP 12 1979

 REGISTRAR, VITAL STATISTICS
 BY: Rachel White

 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

22nd day of November A.D., 1982 at 4:28 o'clock P.M., and duly recorded in

Vol M82 of Deeds on page 15577

Fee \$ 4.00

 EVELYN BIEHN
 COUNTY CLERK

 By Bernard J. Ketchum Deputy