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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First: Hazel; Middle:; Last: LEACH

2 DATE OF DEATH (month, day, year): September 2, 1979

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

4 SEX: Female

5a AGE—Last Birthday (years): 50

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 18, 1929

7a COUNTY OF DEATH: Jackson

7b CITY, TOWN OR LOCATION OF DEATH: Medford

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

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

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

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Glen

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

13 SOCIAL SECURITY NUMBER: 541-28-9367

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

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Box 73KK Herriman Route 97601

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

16 FATHER—NAME first middle last: William C. Quigley

17 MOTHER—Maiden Name first middle last: Theo Beulah

18 INFORMANT—NAME and relationship to deceased: Glen Leach Husband

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]: Beverly G. Morris

20b NAME AND ADDRESS OF FACILITY: Conger-Morris 715 W. Main Street Medford, Oregon

POSITION

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]: Herbert H. Six

21b DATE SIGNED [Mo., Day, Yr.]: 9/6/79

21c HOUR OF DEATH: 2:20 A. M

21d CERTIFIER — NAME AND TITLE (Type or print): Herbert H. Six, M.D.

MAILING ADDRESS (Street, city or town, state, zip): 691 Murphy Rd., Suite 2, 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

REGISTRAR

22b [Signature]: Rachel White

CONDITIONS IF ANY WHICH GAVE USE TO IMMEDIATE CAUSE STING THE DERLYING USE LAST

USE OF EATH

23 IMMEDIATE CAUSE

PART I (a): Cancer

DUE TO, OR AS A CONSEQUENCE OF:

(b): Stomach

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)

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo, Day, Yr]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS CASE REFERRED TO MEDICAL EXAMINER
26a No	26b	26c		24 No	25 [Specify Yes or No] No

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 No	26f	26g			

RESERVED FOR REGISTRAR'S USE

Blair Henderson
426 Main
N. Falls

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

(SEAL)

Robert R Kearns MD
REGISTRAR, VITAL STATISTICS

BY: Rachel White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

ck 4.00

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 Bernetha J. Ketchum Deputy