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CERTIFICATE OF DEATH

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TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Vital Records Unit

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
SOURCE ITEMS

POSITION

CERTIFIER

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

CAUSE OF  
DEATH

Local File Number				State File Number			
DECEASED—NAME First Middle Last 1 Kathryn Josephine CASE				DATE OF DEATH (month, day, year) 2 August 22, 1982			
RACE White, Black, American Indian, etc (specify) 3 White		SEX 4 Female	AGE—Last birthday (years) 5a 72	Under 1 year 5b mos days		Under 1 day 5c hours min	
CITY, TOWN OR LOCATION OF DEATH 7a Medford		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b Rogue Valley Hospital		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7c Inpatient		COUNTY OF DEATH 7d Jackson	
STATE OF BIRTH (if not in U.S., name country) 8 Iowa		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Jack Case	
SOCIAL SECURITY NUMBER 13 480-05-8010		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Own Home			
RESIDENCE—STATE 15a Oregon		COUNTY 15b Jackson	CITY, TOWN, OR LOCATION 15c Gold Hill	STREET AND NUMBER OR R.F.D., ZIP 15d 333 Sixth Avenue 97525		Inside City Limits (specify, yes or no) 15e Yes	
FATHER—NAME first middle last 16 Frank Rasmus		MOTHER—Maiden Name first middle last 17 Josie Porth		INFORMANT—NAME and relationship to deceased 18 Jack Case - husband			
RITUAL, CREMATION, REMOVAL, MAUS, (specify) 19a Burial		CEMETERY OR CREMATORY NAME 19b White City National Cemetery		LOCATION: City or town State 19c Eagle Point, Oregon			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a Robert M. Huff		NAME AND ADDRESS OF FACILITY 20b Conger Morris, 800 S. Front Street, Central Point, Oregon					
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) Dr. Ralph E. Hibbs				DATE SIGNED (Mo., Day, Yr.) 21b August 26 1982	
		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dr. Ralph E. Hibbs 3032 West Main Street, Medford, Oregon 97501				HOUR OF DEATH 21c 7:00 A. M.	
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a AUG 27 1982		REGISTRAR (Signature) 22b					
23 IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH					
(a) DUE TO, OR AS A CONSEQUENCE OF: 23a		(b) DUE TO, OR AS A CONSEQUENCE OF: 23b				(c) DUE TO, OR AS A CONSEQUENCE OF: 23c	
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 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No			
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

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

HS-2 (Rev. 1-80)

DATE AUG 27 1982



REGISTRAR, VITAL STATISTICS

BY: *[Signature]*

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 11th day of March A.D., 1983 at 11:57 o'clock A M, and duly recorded in Vol M83, of Deeds on page 3738

EVELYN BIEHN COUNTY CLERK

by *[Signature]* Deputy

Fee \$4.00