23750

147
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. 183 Page 7924

CERTIFICATE OF DEATH
ORS – 146

State File Number

DECEASED—NAME 1. FIRST: JEAN MIDDLE: A. LAST: YOUNG

2. DATE OF DEATH (MONTH, DAY, YEAR): May 10, 1983

3. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White

4. SEX: Female

5A. AGE—LAST BIRTHDAY (YEARS): 64

5B. UNDER 1 YEAR — MOS.: DAYS: 5C. UNDER 1 DAY — HOURS: MIN.:

6. DATE OF BIRTH (MONTH, DAY, YEAR): June 12, 1918

7A. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): West Medical Center

7C. IF HOSP. OR INST., INDICATE DOA, OPTIONAL: ER, INPATIENT (SPECIFY): Emer Rm

7D. COUNTY OF DEATH: Klamath

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Idaho

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

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. SPOUSE (IF MARRIED, WIDOWED): G. Veryl Young

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13. SOCIAL SECURITY NUMBER: 540-28-7945

14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife

14B. KIND OF BUSINESS OR INDUSTRY: Homemaking

15A. RESIDENCE—STATE: Oregon

15B. COUNTY: Klamath

15C. CITY, TOWN, OR LOCATION: Klamath Falls

15D. STREET AND NUMBER OR R.F.D.: Rt 3 Box 225 N 97601

15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): No

16. FATHER—NAME FIRST MIDDLE LAST: Guy – Johnston

17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Effie – Hotchkiss

18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: G. Veryl Young, husband

19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19C. LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon 97601

20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: William J. Davenport

20B. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION – MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): Approx 3:30 A M.

21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): May 10, 1983 4:25 A M.

21C. FROM: NATURAL CAUSES [X] HOMICIDE [ ] ACCIDENT [ ] UNDETERMINED [ ] SUICIDE [ ] PENDING [ ]

21D. CERTIFIER – SIGNATURE: [signature]

21E. NAME—(TYPE OR PRINT): George R. Nicholson, MD — DEGREE OR TITLE

21F. MEDICAL EXAMINER FOR: Klamath COUNTY

21G. DATE SIGNED (MONTH, DAY, YEAR): MAY 10 1983

22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): MAY 10 1983

22B. REGISTRAR (SIGNATURE): [signature]

PART I (ENTER ONLY ONE CAUSE PER LINE FOR A., B., AND C.)

23. IMMEDIATE CAUSE (A): Hypertensive Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF: (B)

DUE TO, OR AS A CONSEQUENCE OF: (C)

INTERVAL BETWEEN ONSET AND DEATH: yrs

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

25A. DATE OF INJURY (MONTH, DAY, YEAR):

25B. HOUR:

25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23):

24. AUTOPSY (SPECIFY YES OR NO): No

25D. INJ. AT WORK (SPECIFY YES OR NO): NO

25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):

25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE):

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

HS-107 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 [signature], Deputy Registrar

Date MAY 11 1983

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 23 day of May A.D., 1983 at 9:47 o'clock A M, and duly recorded in Vol M83, of deeds on page 7924.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK

by [signature] Deputy