

24849

83 JUN 22 AM 11 43  
CERTIFICATE OF DEATH

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Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

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

DISPOSITION

CERTIFIER

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

CAUSE OF  
DEATH

1 DECEASED—NAME First Middle Last Betty Louise DAHACK		State File Number	
2 RACE—White, Black, American Indian, etc. (Specify) White	3 SEX Female	4 AGE—Last birthday (years) 52	5 DATE OF DEATH (month, day, year) September 17, 1982
6 CITY, TOWN OR LOCATION OF DEATH Medford	7a HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Rogue Valley Hospital	7b IF HOSP OR INST. Indicate DOA OP, Emer., Rm., Inpatient (Specify) Inpatient	8 DATE OF BIRTH (month, day, year) October 10, 1929
9 STATE OF BIRTH (if not in U.S., name country) Oregon	10 CITIZEN OF WHAT COUNTRY USA	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12 COUNTY OF DEATH Jackson
13 SOCIAL SECURITY NUMBER 541-28-8681	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Supervisor	15 SPOUSE (IF MARRIED, WIDOWED) Everett V.	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
17 RESIDENCE—STATE Oregon	18 COUNTY Jackson	19 CITY, TOWN, OR LOCATION Medford	20 STREET AND NUMBER OR R.F.D., ZIP 97501
21 FATHER—NAME first middle last Elmer Moore	22 MOTHER—Maiden Name first middle last Elsie Franks	23 INFORMANT—NAME and relationship to deceased Everett Dahack - Husband	24 INS DE CITY LIMITS (Specify yes or no) Yes
25 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial	26 CEMETERY OR CREMATORY—NAME Hillcrest Memorial Park	27 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Robert M. Hill	28 NAME AND ADDRESS OF FACILITY Conger-Morris 715 W. Main Street Medford, Oregon
29a NAME AND ADDRESS OF CERTIFIER (Type or Print) John J. Ptacek, M.D. P.O. Box 1747 Medford, Oregon 97501	29b DATE SIGNED (Month, Day, Year) 9/20/82	30 HOUR OF DEATH 11:55 A. M.	31 DATE RECEIVED BY REGISTRAR (Month, Day, Year) SEP 21 1982
32 IMMEDIATE CAUSE (a) Respiratory failure (b) Lung cancer (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		33 INTERVAL BETWEEN ONSET AND DEATH 4 months	
34 ACCIDENT (Specify Yes or No) NO	35 DATE OF INJURY (Month, Day, Year) NO	36 HOUR OF INJURY NO	37 DESCRIBE HOW INJURY OCCURRED NO
38 INJURY AT WORK (Specify Yes or No) NO	39 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) NO	40 LOCATION NO	41 STREET OR R.F.D. NO NO
42 CITY OR TOWN NO	43 STATE NO	44 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)

GRANTLAND, SMITH & GRENSKY

ATTORNEYS AT LAW

204 W. NINTH  
MEDFORD, OR 97501 3196

DATE Sept 21, 1982

(SEAL)

REGISTRAR, VITAL STATISTICS

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 June A.D., 19 83 at 11:43 o'clock A M and duly recorded in Vol M 83, of deeds on page 9736

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK  
by Ken Spence Deputy

40006