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

CERTIFICATE OF DEATH

Local File Number: 88-81

State File Number:

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	Timothy J. KERLEY
2 DATE OF DEATH (month, day, year)	February 18, 1981
3 RACE White, Black, American Indian, etc. (specify)	White
4 SEX	Male
5a AGE—Last birthday (years)	77
5b Under 1 year (mos., days)	
5c Under 1 day (hours, min)	
6 DATE OF BIRTH (month, day, year)	October 26, 1903
7a CITY, TOWN OR LOCATION OF DEATH	Grants Pass
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Josephine Mem. Hosp.
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)	Inpatient
7d COUNTY OF DEATH	Josephine
8 STATE OF BIRTH (If not in U.S.A., name country)	Canada
9 CITIZEN OF WHAT COUNTRY	USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Marjorie
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	Yes
13 SOCIAL SECURITY NUMBER	536-32-7814A
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Electrician
14b KIND OF BUSINESS OR INDUSTRY	Electrical Contracting
15a RESIDENCE—STATE	Oregon
15b COUNTY	Josephine
15c CITY, TOWN, OR LOCATION	Cave Junction
15d STREET AND NUMBER OR R.F.D., ZIP	108 Ken Rose Lane 97523
15e Inside City Limits (specify yes or no)	No
16 FATHER—NAME (first, middle, last)	Samuel - Kerley
17 MOTHER—Maiden Name (first, middle, last)	Mary - Maine
18 INFORMANT—NAME and relationship to deceased	Marjorie Kerley - Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation
19b CEMETERY OR CREMATORY—NAME	Hillcrest Crematory
19c LOCATION (city or town, state)	Medford, Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	Robert A. Bruton
20b NAME AND ADDRESS OF FACILITY	Illinois Valley Funeral Home, 26569 Redwood Hwy. Cave Junction, Oregon

To be Completed by CERTIFYING PHYSICIAN Only

Field	Entry
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]	Daniel S Sel... MD
21b DATE SIGNED (Mo., Day, Yr.)	12-20-81
21c HOUR OF DEATH	11:40 PM
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Daniel S. Selinger, M.D. 125 NE Manzanita, Grants Pass, Oregon 97526
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	February 20, 1981
22b REGISTRAR [Signature]	La Verla J. Young

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Interval between onset and death
PART I (a) Gastrointestinal hemorrhage	about 3 days
DUE TO, OR AS A CONSEQUENCE OF: (b) disseminated carcinoma of prostate	
DUE TO, OR AS A CONSEQUENCE OF: (c)	

Field	Entry
PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in PART I (a)	
24 AUTOPSY (Specify Yes or No)	No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	No
26a ACCIDENT (Specify Yes or No)	No (circled)
26b DATE OF INJURY (Mo., Day, Yr.)	
26c HOUR OF INJURY	M
26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK (Specify Yes or No)	
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

RESERVED FOR REGISTRAR'S USE

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Vol M84 Page 784

Return LaPine Realty: Attn Nancy
51415 Hwy 97; So P.O.Box 377; LaPine OR 97739

STATE OF OREGON | CERTIFIED COPY OF DEATH RECORD | COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

(SEAL)
VOID IF ALTERED

DATE February 20 1981

BY La Verla J. Young
La Verla J. Young
Registrar Vital Statistics
Josephine County

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 16th day of January A.D., 1984 at 11:19 o'clock A M., and duly recorded in Vol M84, of Deeds on page 784.

EVELYN BIEHN, COUNTY CLERK

by Pam Smith Deputy

Fee $4.00