

NOTE - 1396

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STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

32534

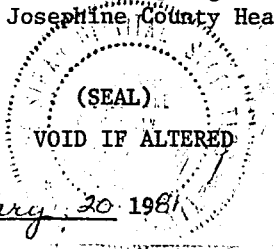
CERTIFICATE OF DEATH

DECEASED—NAME First Timothy Middle J. Last KERLEY		Local File Number		State File Number	
1 RACE White		2 DATE OF DEATH February 18, 1981		DATE OF BIRTH February 18, 1981	
3 SEX Male		4 AGE—Last birthday 77		5 DATE OF BIRTH February 18, 1981	
6 CITY, TOWN OR LOCATION OF DEATH Grants Pass		7a HOSPITAL OR OTHER INSTITUTION—NAME Josephine Men. Hosp.		7b INPATIENT Inpatient	
8 STATE OF BIRTH Canada		9 CITIZEN OF WHAT COUNTRY USA		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
11 SOCIAL SECURITY NUMBER 536-32-7814A		12 USUAL OCCUPATION Electrician		13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a RESIDENCE—STATE Oregon		14b CITY, TOWN, OR LOCATION Cave Junction		14c STREET AND NUMBER OR R.F.D., ZIP 108 Ken Rose Lane	
15a FATHER—NAME Samuel - Kerley		15b MOTHER—Maiden Name Mary - Maine		15c INFORMANT—NAME and relationship to deceased Marjorie Kerley - Wife	
16 BURIAL, CREMATION, REMOVAL, MAUS. Cremation		17 CEMETERY OR CREMATORY—NAME Hillcrest Crematory		18 LOCATION Medford, Oregon	
19a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Daniel S. Selinger		19b NAME AND ADDRESS OF FACILITY Illinois Valley Funeral Home, 26569 Redwood Hwy.		19c DATE SIGNED 12-20-81	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Daniel S. Selinger		20b DATE SIGNED 12-20-81		20c HOUR OF DEATH 11:40 P.M.	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Daniel S. Selinger, M.D. 125 NE Manzanita, Grants Pass, Oregon 97526		21c		21d	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 20, 1981		22b REGISTRAR (Signature) La Verla J. Young		22c INTERVAL BETWEEN ONSET AND DEATH about 3 days	
23 IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF: disseminated carcinoma of prostate		23b (b) DUE TO, OR AS A CONSEQUENCE OF: disseminated carcinoma of prostate		23c INTERVAL BETWEEN ONSET AND DEATH	
24 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (b)		24b AUTOPSY (Specify Yes or No) No		24c WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
25 ACCIDENT (Specify Yes or No) No		25b DATE OF INJURY (Mo., Day, Yr.) 28c M, 28d LOCATION M, 28d LOCATION		25c STREET OR R.F.D. NO. 25d CITY OR TOWN 25e STATE	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c		26d RESERVED FOR REGISTRAR'S USE	

RETURN LA PINE READER: ATTN NANCY
57415 Hwy 97; So P.O. Box 377; LA PINE 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.



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

DATE February 20, 1981

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 734.

EVELYN BIEHN, COUNTY CLERK
by Pam Smith Deputy

Fee \$ 4.00