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34174

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

14 — Local File Number

DECEDENT

1 DECEASED NAME: INEZ JANE GRIFFIN

DATE OF DEATH: February 9, 1984

3 RACE: White

4 SEX: Female

5a AGE: 88

DATE OF BIRTH: June 9, 1895

7a CITY, TOWN OR LOCATION OF DEATH: Baker

7b HOSPITAL OR OTHER INSTITUTION — NAME: St. Elizabeth Hospital

7c Inpatient

7d COUNTY OF DEATH: Baker

8 STATE OF BIRTH: Texas

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed

11 SPOUSE IF MARRIED: Lawrence

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? No

13 SOCIAL SECURITY NUMBER: 540-78-8359

14a USUAL OCCUPATION: Rancher

14b KIND OF BUSINESS OR INDUSTRY: Ranching

15a RESIDENCE—STATE: Oregon

15b COUNTY: Baker

15c CITY, TOWN, OR LOCATION: Baker

15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 1 Box 55 97814

15e No

16 FATHER NAME: James Cross

17 MOTHER: Martha AMA Mullins

18 INFORMANT NAME: Martha Cassidy (Daughter)

19a BURIAL, CREMATION, REMOVAL, MAUS.: Burial

19b CEMETERY OR CREMATORY: Klamath Memorial Park

19c LOCATION: Klamath Falls, Or

20a FUNERAL SERVICE LICENSEE: James R. Monroe

20b NAME AND ADDRESS OF FACILITY: Langrell-Monroe Mortuary 1950 Place St. Baker,

DISPOSITION

1 ____
2 ____
3 ____

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

21a Carl R. Kostol M.D.

21b DATE SIGNED: 2-10-84

21c HOUR OF DEATH: 8:00 P.

21d NAME AND ADDRESS OF CERTIFIER: Carl R. Kostol, M.D. - Rt. 1 Box 2A- Baker, Oregon 97814

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

22a DATE RECEIVED BY REGISTRAR: February 10, 1984

22b REGISTRAR: Julie Leach

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Large cerebro- vascular accident — Interval between onset and death: 4 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Arterio-sclerotic cardio-vascular disease — Interval between onset and death: 1 year

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS — 24 AUTOPSY: No — 25 WAS MEDICAL EXAMINER CONSULTED?: No

26a ACCIDENT: No — 26b DATE OF INJURY — 26c HOUR OF INJURY — 26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK: No — 26f PLACE OF INJURY: At home, farm, factory, office building, etc. — 26g LOCATION: STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

[illegible] COPY

STATE OF OREGON

County of BAKER

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

(SEAL)

Julie Leach
Registrar Vital Statistics

By _____

Date _____ 1984

VS-16 2/56

VOID IF ALTERED

Return to: Patricia Switzler-6274 Climax.KlamathFalls. OR 97603

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 6th day of March A.D., 1984 at 2:30 o'clock P M. and duly recorded in Vol M84, of Deeds on page 3514.

EVELYN BIEHN, COUNTY CLERK

by Pam Smith, Deputy

Fee $ 4.00

ck 4.00