

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

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR DUPLICATIONS SEE HANDBOOK

Local File Number

DECEASED—NAME First Middle Last Betty Goldie SHELLEY

DATE OF DEATH (month, day, year) 2 April 19, 1984

RACE (specify) White SEX Female AGE—Last birthday (years) 63

DATE OF BIRTH (month, day, year) 6 December 17, 1920

CITY, TOWN OR LOCATION OF DEATH Medford HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b Rogue Valley Medical Center

IF HOSP OR INST INCLUDE DOA: Out-Patient, In-Patient (Specify) 7c Inpatient

COUNTY OF DEATH 7d Jackson

STATE OF BIRTH (if not in U.S.A. name country) 8 Oregon CITIZEN OF WHAT COUNTRY 9 USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married

SPOUSE (if married, widowed) 11 Albert Shelley

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No

SOCIAL SECURITY NUMBER 13 542-16-6541

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker

KIND OF BUSINESS OR INDUSTRY 14b Own Home

RESIDENCE—STATE 15a Oregon COUNTY 15b Jackson CITY, TOWN, OR LOCATION 15c Central Point

STREET AND NUMBER OR R.F.D., ZIP 15d 765 Ash Street 97502

FATHER—NAME first middle last 16 Julius Clifton Strom

MOTHER—first middle last (Maiden Name) 17 Ivy Woodworth

INFORMANT—NAME and relationship to decedent 18 Albert Shelley Husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial

CEMETERY OR CREMATORY—NAME 19b Hillcrest Memorial Park

LOCATION city or town state 19c Medford, Oregon 97502

FUNERAL SERVICE LICENSEE OF Person Acting As Such [Signature] 20a Conger-Morris 800 S. Front Street, Central Point, Oregon 97502

NAME AND ADDRESS OF FACILITY 20b

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature] 21b 4/24/84

21c 8:56 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Mario J. Campagna, M.D. 2900 State Street, Medford, Oregon 97504

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 25 1984

REGISTRAR 22b [Signature] Alma Brawley

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

(a) Reptured not aneurysm

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

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

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No) 24a No

DATE OF INJURY (Mo., Day, Yr.) 24b

HOUR OF INJURY 24c

DESCRIBE HOW INJURY OCCURRED 24d

INJURY AT WORK (Specify Yes or No) 25a No

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25b

LOCATION 25c

STREET OR R.F.D. NO 25d

CITY OR TOWN 25e

STATE 25f

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

ORIGINAL - VITAL STATISTICS COPY

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT. 45-2 REV. 12-83

DATE APR 25 1984

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY VOID IF ALTERED

84 MAY 7 PM 2:10

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 7th day of May A.D., 1984 at 2:10 o'clock p M, and duly recorded in Vol M84 of Deeds on page 7611.

Fee: \$4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return; Albert Shelley 765 Ash Street Central Point, Oregon 97502