

38725

ATC-8-27790
STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 1184 Page 11746

CERTIFICATE OF DEATH

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
RECORDS
SEE
NDBOOK

CEDENT

F DEATH
CURRED IN
SITUATION
HANDBOOK
REGARDING
EXPLANATION OF
DECEASED

POSITION:

RTIFIER

ADDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
ATING THE
DECEASING
USE FIRST

USE OF
DEATH

DECEASED—NAME		Local File Number		State File Number	
1	Paul	Middle	Carlos	Last	Tandoc
RACE White, Black, American Indian, etc. (specify)		3	Filipino	4	Male
COUNTY OF DEATH		7a	Jackson	7b	Medford
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 Philippine Islands		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		13 063-16-7002		14a Mechanic	
RESIDENCE—STATE		15a Oregon		14b Aircraft	
FATHER—NAME first middle last		15b Josephine		15c Grants Pass	
MOTHER—Maiden Name first middle last		15d 2535 Dowell Road		15e No	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19a Burial		19b Hillcrest Memorial Park	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		20a C. M. Lundberg		20b Lundberg's L.B. Hall, 141 NW "C" St., Grants Pass, Oregon 97526	
CERTIFIER—NAME AND TITLE (Type or Print)		21d Kenneth Ampel, M.D.		21c 11:40 P M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		21f	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		December 12, 1979		22b [Signature]	
PART I IMMEDIATE CAUSE		1 (a) Car accident		Interval between onset and death	
1 (b) Due to, or as a consequence of		Interval between onset and death		Interval between onset and death	
1 (c) Due to, or as a consequence of		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24 No		25 [Specify Yes or No] No	
ACCIDENT (Specify Yes or No)		26a No		26b	
INJURY AT WORK (Specify Yes or No)		26c		26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26f		26g	
RESERVED FOR REGISTRAR'S USE					

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

VS-2 Rev-8-78 P-65412

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

REGISTRAR, VITAL STATISTICS

BY: *Carin Faithress*

DATE *Dec 12, 1979*

(SEAL)

After recording return to: NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
Estelle Tandoc
P.O. Box 205
Grants Pass, Oregon 97526

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 12 day of July A.D., 1981 at 10:58 o'clock A.M., and duly recorded in Vol. 1184 of Deeds on page 11746.

Fee: \$ 4.00

EVELYN BLEHN, COUNTY CLERK

by: *Lam Smith*, Deputy