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85 JUN 26 PM 4 02

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

Vol M85 Page 9821

TYPE  
IN  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
BOOK

Local File Number

## CERTIFICATE OF DEATH

State File Number

IDENT

DEATH  
OCCURRED IN  
INSTITUTION,  
HANDBOOK  
REGARDING  
REPORTING OF  
VITAL ITEMS

POSITION

STRIER

CONDITIONS  
IF ANY  
GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
OF DEATH  
OR THE  
UNDERLYING  
CAUSE LAST

USE OF

EATH

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Gary		Rupert		MILLER				2 June 4, 1985	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 43		5b mos		5c hours	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. indicate DOA, OP, Emer., Am., Inpatient (Specify)		DATE OF BIRTH (month, day, year)		COUNTY OF DEATH	
7a Medford		7b Rogue Valley Medical Center		7c Inpatient		6 September 30, 1941		7d Jackson	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 California		9 USA		10 Married		11 Carol		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 572-54-3923		14a Sales Person		14b Mobile Home Sales					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify Yes or No)	
15a Oregon		15b Klamath		15c Chiloquin		15d 9 Mi. Marker, Sprague Riv. Hwy		15e No	
FATHER—NAME first middle last		MOTHER—first middle last (Maiden Name)		INFORMANT—NAME and relationship to deceased					
16 Cave Rupert Miller		17 Bertha Irene Higgins		18 Carol Miller - Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
19a Removal/Burial		19b Rose Hills Memorial Park		19c Whittier, California					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH			
20a Beverly Morris		20b Conger-Morris 715 W. Main Street Medford, Oregon 97501		20c June 5, 1985		20d 12:35 P. M.			
21a (Signature) NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b Yale Sacks, M.D. 786 State Street, Suite B Medford, Oregon 97504		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21d									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)		REGISTRAR		22a JUN 05 1985		22b (Signature) Jean Jaltersack			
23 IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		Interval between onset and death					
PART I (a) Cardiac Arrest				Interval between onset and death					
(b) Gastroesophageal CA				Interval between onset and death					
(c)				Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 No		24 No		25 NO					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
26e No		26f		26g					
RESERVED FOR REGISTRAR'S USE									

## ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON 5-2 REV. 12-83

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

DATE JUN 05 1985

(SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 26th day of June A.D., 1985 at 4:02 o'clock P. M., and duly recorded in Vol M85 of Deeds on page 9821.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 5.00

by: Pam Smith, Deputy

Return: Brandsness &amp; Huffman, P.C. Attorneys at Law 411 Pine St., Klamath Falls, Ore. 97601