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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vol. 1485 Page

15320

Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED-- NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 Maymie		Laura SHERLOCK			2 February 25, 1985	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE--Last birthday (years)	Under 1 year		DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 73	5b mos	5c days	6 September 22, 1911
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, OPI Emer., Rm., Inpatient [Specify]		COUNTY OF DEATH
7a Medford		7b Rogue Valley Medical Center		7c Inpatient		7d Jackson
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]
8 Oklahoma		9 U.S.A.		10 Widowed		11 Lawrence T.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		12 No
13 450-64-0285		14a Artist		14b Paint		
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 Jackson	15c Eagle Point	15d 105 No. Buchanan		15e Yes
FATHER--NAME first middle last		MOTHER--first middle last (Maiden Name)		INFORMANT--NAME and relationship to deceased		
16 Benjamin Hughes		17 Josie Downing		18 Lawrence T. Sherlock, Jr. - Son		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY--NAME		LOCATION city or town state		
19a Cremation		19b Hillcrest Memorial Park		19c Medford, Oregon		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo. Day Yr)		HOUR OF DEATH
20a Robert M. Neff		20b Conger-Morris - 800 So. Front - Central Point, OR 97502		4/27/85		21c 4:30 P. M
21a (Signature) Mario J. Campagna, M.D.		NAME AND ADDRESS OF CERTIFIER (Type & Print)		21d Mario J. Campagna, M.D. - 2900 State Street - Medford, OR 97504		
21e		DATE RECEIVED BY REGISTRAR (Mo. Day, Yr)		REGISTRAR		
22a FEB 28 1985		22b (Signature) Ocean Lattersack				
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
(a) DUE TO, OR AS A CONSEQUENCE OF:		Brain Stem Hemorrhage		hours		
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:				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		25 No				
ACCIDENT [Specify Yes or No]		DATE OF INJURY [Mo. Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a No		26b	26c M	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

STATE OF OREGON

ORIGINAL - VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

45-2 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 FEB 28 1985

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day
of September A.D., 19 85 at 3:17 o'clock P M., and duly recorded in Vol. M85
of Deeds on Page 15320

FEE \$5.00

Evelyn Biehn County Clerk
By _____