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ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitVol. M86 Page 10615TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSCRIPTIONS
SEE
ANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 Georgia		Juanita	POPE	2 May 27, 1986		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Female	5a 63		6 January 6, 1923	
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. 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. name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
8 Colorado		9 USA	10 Married		11 Fred C.	
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
13 541-18-9303		14a Homemaker		14b Own Home		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP
15a Oregon		15b Curry	15c Brookings	15d 97962 Bubb Lane		97415
FATHER - Name first middle last		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased
16 William Cobb		17 Elizabeth Smith		18 Fred C. Pope		Husband
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state		
19a Removal/Burial		19b Lawncrest Memorial Park		19c Redding, California		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH
20a <i>Severly Morris</i>		20b Conger-Morris		715 W. Main Street, Medford, Oregon		97501
21a (Signature) <i>Mark G. Moran</i>		21b 6-1-86		21c 8:35 P.		M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d Mark G. Moran, M.D.		2911 Siskiyou Blvd., Medford, Oregon		ZIP 97504
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR
22a JUN 03 1986		22b (Signature) <i>John J. J. J.</i>				

PRECEDENT

DEATH
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POSITION

RTIFIER

CONDITIONS
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USE LASTUSE OF
DEATH

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23 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death
PART I	(a) <i>Coronary Heart Failure</i>	DUE TO, OR AS A CONSEQUENCE OF		2 years
	(b) <i>Coronary Artery Disease</i>	DUE TO, OR AS A CONSEQUENCE OF		4 years
	(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)			Interval between onset and death
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)	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	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?		
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		

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 1-86

DATE

JUN 3 1986

(SEAL)

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 June A.D. 19 86 at 9:14 o'clock A.M., and duly recorded in Vol. 486
of Deeds on Page 10615

FEE \$5.00

Evelyn Biehn, County Clerk

Return: Fred C. Pope 97962 Bubb Lane, Brookings, Oregon 97415