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

CERTIFICATE OF DEATH

FOR VETERANS USE ONLY

Vol. M87 Page 00114

1a. REGISTRATION DISTRICT NO. | 1b. File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

2. First: Johnson | Middle: Cicero | Last: GILES | State File Number:

3. RACE (White, Black, American Indian, etc. Specify): White | 4. SEX: Male | 5a. AGE — Last Birthday (years): 80 | Under 1 year: mos. / days | Under 1 day: hours / min. | 2. DATE OF DEATH (month, day, year): November 23, 1986

6. CITY, TOWN OR LOCATION OF DEATH: Roseburg | HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 7b. Veterans Administration Medical Center | IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): 7c. Inpatient | COUNTY OF DEATH: 7d. Douglas

7e. STATE OF BIRTH (If not in U.S.A., name country): North Carolina | 8. CITIZEN OF WHAT COUNTRY: U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married | SPOUSE (IF MARRIED, WIDOWED): 11. Neoma Haviland | WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12. Yes

9. SOCIAL SECURITY NUMBER: 13. 486 14 [illegible]25 | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a. Shoe salesman | KIND OF BUSINESS OR INDUSTRY: 14b. Sales

15. RESIDENCE — STATE: 15a. Oregon | COUNTY: 15b. Jackson | CITY, TOWN OR LOCATION: 15c. Talent | STREET ADDRESS (Number and Street or R.F.D. No.): 15d. 236 Talent Ave | ZIP: SP 54 97540 | Inside City Limits (specify yes or no): 15e. Yes

16. FATHER — NAME (first, middle, last): Jesse Gi[illegible]s | 17. MOTHER — NAME (first, middle, last (Maiden Name)): Lulu Braswell | INFORMANT — NAME and relationship to deceased: 18. Medical Center Records

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation | 19b. CEMETERY OR CREMATORY — NAME: Hillcrest Memorial Park | LOCATION — city, town, state: 19c. Medford, Oregon

20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): [signature] | NAME AND ADDRESS OF FACILITY: 20b. Hillcrest Mortuary - 2201 No. Phoenix Rd., Medford, OR 97504

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

21a. (Signature): [signature], M.D. | DATE SIGNED (Mo., Day, Year): 21b. November 23, 1986 | HOUR OF DEATH: 2[illegible]6:27 AM

21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): ROBERT E. TAYLOR, M.D. Veterans Administration Medical Center Roseburg, OR 97470

21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Peter Zidd, M.D.

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): November 28, 1986 | REGISTRAR | 22b. (Signature): [signature]

23. IMMEDIATE CAUSE

PART I. (a) Coronary Artery Disease — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).] — Interval between onset and death:

(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)

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a. No	26b.	26c. M	24. No	25. No

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED	LOCATION — STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e. No	26f.	26d.	26g.		

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒ | WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL--VITAL STATISTICS COPY

45-2 Rev. 6-86

'87 JAN 5 AM 10 53

STATE OF OREGON)
COUNTY OF DOUGLAS) SS.

Date of Issue November 28, 1986.

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

SEAL

PETER C. MULDER
Registrar of Vital Records for
Douglas County, Oregon
By [signature]
Deputy Registrar

DOUGLAS COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of January A.D., 19 87 at 10:53 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 114 the 5th day.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Ret: Sandra L. Wayne 416 Union Ave., Apt. "A" Medford, Oregon 97501