

CERTIFICATE OF DEATH

Local File Number

State File Number

DATE OF DEATH (month, day, year)

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

DECEASED

Usual residence where deceased lived. If death occurred in institution, residence before admission.

1. DECEASED-NAME	First	Middle	Last	DATE OF BIRTH (month, day, year)
GLADYS			JAZEK	June 27, 1914
2. RACE	White	SEX	Female	AGE-Last birthday (years)
3. COUNTY OF DEATH	White	4. CITY, TOWN, OR LOCATION OF DEATH	Yoncalla	5. Under 1 year
6. DOUGLAS	7. Yoncalla	8. CITIZEN OF WHAT COUNTRY	U. S. A.	9. Under 1 year
10. Oregon	11. U. S. A.	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	13. HUSBAND	14. Under 1 year
15. SOCIAL SECURITY NUMBER	540-24-1180	16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	17. HOUSEWIFE	18. Under 1 year
19. RESIDENCE-STATE	Oregon	20. CITY, TOWN, OR LOCATION	Yoncalla	21. Under 1 year
22. FATHER-NAME	first middle last	23. MOTHER-Maiden Name	first middle last	24. Under 1 year
25. Henry Sylvester Jete	26. Birdie Alice Stone	27. LARRY H. JAZEK-Husband	28. LARRY H. JAZEK	29. Under 1 year

CAUSE

18. DEATH WAS CAUSED BY: Immediate cause

19. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)

(a) Coronary Occlusion

(b) Atherosclerosis

(c) Hypertension

20. APPROXIMATE INTERVAL between onset and death

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

21. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

22. ACCIDENT DATE OF INJURY (month, day, year) HOUR HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

23. INJURY AT WORK PLACE OF INJURY at home, farm, street, factory, LOCATION (street or R.F.D. No., city or town, county, state)

24. CERTIFICATION- month day year month day year And last Saw Him/Her Alive on: month day year after death (specify, if deceased from: N.E.T. 3:45 P. M. cause(s) stated.

CERTIFIER

25. PHYSICIAN-SIGNATURE

26. NAME (type or print)

27. DEGREE or title

28. DATE SIGNED (month, day, year)

29. M.D. 6-28-74

BURIAL

30. BURL, CREMATION, REMOVAL, CEMETERY OR CREMATION-NAME LOCATION city or town state zip

31. MAUS (specify) 24b. Roseburg Mem. Gardens Roseburg, Oregon DATE (mo., day, year)

32. FUNERAL DIRECTOR-SIGNATURE James H. Kell 25b. Chapel of the Roses, P. O. Box 358, Roseburg, Oregon 97470

33. REGISTER-SIGNATURE James H. Kell 26b. DATE RECEIVED BY LOCAL REGISTRAR DATE RECEIVED BY STATE REGISTRAR

34. RESERVED FOR REGISTRAR'S USE

VOID IF ALTERED

Return to: Russell Trump

P.O. Box 517

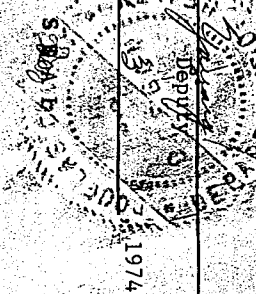
Drain, Ore. 97435

STATE OF OREGON
COUNTY OF DOUGLAS

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

James K. Gray, M. D., Health Officer
Registrar of Vital Statistics

By James H. Kell Deputy Registrar
Date July 13, 1974



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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 23rd _____ day
of February A.D., 19 87 at 11:53 o'clock A.M., and duly recorded in Vol. M87,
of _____ Deeds _____ on Page 2841.

FEE \$9.00

Evelyn Biehn, County Clerk
By _____

Sam Smith