K-39230

STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

Local File Number: 300

CERTIFICATE OF DEATH

State File Number

Volume 84 Page 2841

DECEASED

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

CAUSE

CERTIFIER M.E. 6-28

BURIAL

1. DECEASED—NAME (First / Middle / Last)	GLADYS / OLIVE / JAZEK	DATE OF DEATH (month, day, year) 2.	June 27, 1974
RACE (White, Negro, American Indian, etc. (specify)) 3.	White	SEX 4.	Female
AGE—Last birthday (years) 5a.	63	Under 1 year: mos. 5b. / days	Under 1 day: hours 5c. / min.
DATE OF BIRTH (month, day, year) 6.	September 18, 1910		
COUNTY OF DEATH 7a.	Douglas	CITY, TOWN, OR LOCATION OF DEATH 7b.	Yoncalla
Inside City Limits (specify yes or no) 7c.	NO	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d.	Rt. 1, Box 10
STATE OF BIRTH (If not in U.S.A., name country) 8.	Oregon	CITIZEN OF WHAT COUNTRY 9.	U. S. A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10.	Married	NAME OF SPOUSE 11.	Larry H. Jazek
SOCIAL SECURITY NUMBER 12.	540-24-1180	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a.	Housewife
KIND OF BUSINESS OR INDUSTRY 13b.	Own Home		
RESIDENCE—STATE 14a.	Oregon	COUNTY 14b.	Douglas
CITY, TOWN, OR LOCATION 14c.	Yoncalla	Inside City Limits (specify yes or no) 14d.	NO
STREET AND NUMBER OR R.F.D. 14e.	Rt. 1, Box 10		
FATHER—NAME first middle last 15.	Henry Sylvester Tate	MOTHER—Maiden Name first middle last 16.	Birdie Alice Stone
INFORMANT—NAME and relationship to deceased 17.	Larry H. Jazek-Husband		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		approximate interval between onset and death
18. Immediate cause (a)	Coronary Occlusion	minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of: (b)	Arteriosclerosis	Years
due to, or as a consequence of: (c)		

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

AUTOPSY (yes or no) 19a. NO — IF YES were findings considered in determining cause of death 19b.

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.	

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 21.	1963	to month day year	6-27-74	And Last Saw Him/Her Alive on: month day year	6-12-74
I Did/Did Not view the body after death (specify)	Not	DEATH OCCURRED (hour)	3:45 P. M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	

PHYSICIAN—SIGNATURE 22a.	William E. Wiltse MD	NAME (type or print) 22b.	William E. Wiltse	degree or Title	M. D.
DATE SIGNED (month, day, year) 22c.	6-28-74				

MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip) 23. 117 3rd St. Drain, Oregon 97435

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a.	Burial	CEMETERY OR CREMATORY—NAME 24b.	Roseburg Mem. Gardens	LOCATION city or town / state 24c.	Roseburg, Oregon
DATE (mo., day, year) 24d.	July 1,1974				

FUNERAL DIRECTOR—SIGNATURE 25a.	James F. Keil	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b.	Chapel of the Roses, P. O. Box 358, Roseburg, Oregon 97470
REGISTRAR—SIGNATURE 26a.	Louise O. Young	DATE RECEIVED BY LOCAL REGISTRAR 26b.	July 3, 1974
DATE RECEIVED BY STATE REGISTRAR 27.			

RESERVED FOR REGISTRAR'S USE 28.

VS-2 R-69

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

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 Louise O. Young Deputy

Date July 3, 1974

VOID IF ALTERED

Return to: Russell Trump
P.O. Box 517
Drain, Ore.
97435

L 2842

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.

Evelyn Biehn, County Clerk

By _____

FEE $9.00