CERTIFICATION OF VITAL RECORD

K-39713

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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Vol. M87 Page 11875

A9299 — ID TAG NO

310-86 — Local File Number

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

86-010889 — State File Number

CERTIFICATE OF DEATH

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

DECEDENT

1. DECEASED — NAME: First: Earl; Middle: J.; Last: SCHERER
2. DATE OF DEATH (month, day, year): June 16, 1986
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Male
5a. AGE — Last Birthday (years): 83
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): September 5, 1902
7a. CITY, TOWN OR LOCATION OF DEATH: Grants Pass
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Royal Gardens Conv. Hospital
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Josephine
8. STATE OF BIRTH (If not in U.S.A. name country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Hallie Scherer
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 544-09-4796
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Owner, Operator — 019231
14b. KIND OF BUSINESS OR INDUSTRY: Rough Construction Lumber Production
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Josephine
15c. CITY, TOWN OR LOCATION: Cave Junction
15d. STREET AND NUMBER OR R.F.D.: 423 Pinewood Way — ZIP: 97523
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME (first, middle, last): Elmer Grant Scherer
17. MOTHER — NAME (first, middle, last, Maiden Name): Venia A. Bishop
18. INFORMANT — NAME and relationship to deceased: Hallie Scherer (wife)

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, REMAIN (specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Hull & Hull Crematorium
19c. LOCATION (city or town, state): Grants Pass Oregon
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): Robert Clausen
20b. NAME AND ADDRESS OF FACILITY: Clausen's Illinois Valley Funeral Home, 26569 Redwood Hwy. Cave Junction, Oregon

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Dean M. Bailey MD
21b. DATE SIGNED (Mo., Day, Year): 6/17/86
21c. HOUR OF DEATH: 6:50 A. M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): George Bailey M.D. 124 N. W. Midland St. Grants Pass 97526 (ZIP)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE SIGNED BY REGISTRAR (Mo., Day, Year): June 17, 1986
22b. REGISTRAR (Signature): LaVerda J. Young

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]
PART I — (a) Disseminated Prostate Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death: almost 1 year
PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT / Specify Yes or No
26b. DATE OF INJURY (Mo., Day, Year)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY occurred
27a. INJURY AT WORK (Specify Yes or No)
27b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
27c. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE
28. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
RESERVED FOR REGISTRAR'S USE

Return to: Credithrift
206 South Central Ave.
Medford, Oregon 97501

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 1-86

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUN 30 1987

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 7th day of July A.D., 19 87 at 10:59 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 11875.

FEE $5.00

Evelyn Biehn, County Clerk
By