

76781

25606

ID TAG NO.

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

Vol. 1481 Page 12230

CERTIFICATE OF DEATH

State File Number _____

DATE OF DEATH (month, day, year) 2 June 22, 1987

DATE OF BIRTH (month, day, year) 6 February 23, 1929

DECEASED - NAME First Last Middle Greta Rose WINTERBOTTOM

1 RACE (White, Black, American Indian, etc. (Specify)) White

2 SEX Female

3 AGE - Last birthday (years) 58

4 Under 1 year Under 1 day

5a Mos. 5b Days 5c Hours 5d Min.

6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Rogue Valley Medical Center

7a Medford

7b Rogue Valley Medical Center

7c Inpatient

7d Jackson

8 STATE OF BIRTH (if not in U.S. name country) Missouri

9 CITIZEN OF WHAT COUNTRY U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

11 SPOUSE (if married, widowed) George R.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No

13 SOCIAL SECURITY NUMBER 491-30-0787

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

14b Public Schools

14c ZIP 97526

14d Inside City Limit (Specify yes or no) No

15a Oregon

15b Josephine

15c Grants Pass

15d 627 Carriage Road

15e INFORMANT - NAME and relationship to deceased George R. Winterbottom

16 Frank

16a Scrain

16b Julia Ellerman

16c LOCATION City or town State

16d 19c Grants Pass, Oregon

16e 141 N. W. "C" Street

16f 9752

17a Burial, CREMATION, REMOVAL, MAUS. (Specify) Burial

17b HAWTHORNE MEMORIAL GARDENS

17c FUNERAL SERVICE LICENSEE or person acting as such NAME AND ADDRESS OF FACILITY

17d Lundberg's L. B. Hall Funeral Home, Grants Pass, Ore. 9752

17e DATE SIGNED (Mo., Day, Year) 6-25-87

17f HOUR OF DEATH 10:20 P. M.

17g ZIP 97504

17h M. Donald McGeary, M. D. 2960 Doctors Park Dr., Medford, Oregon

17i NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

17j DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JUN 29 1987

17k REGISTRAR Donna K. Collins

17l IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

17m (a) Carcinomatosis

17n (b) Adenocarcinoma

17o (c) Colon

17p INTERVAL BETWEEN ONSET AND DEATH 7 years

17q INTERVAL BETWEEN ONSET AND DEATH 3 years

17r INTERVAL BETWEEN ONSET AND DEATH

17s AUTOPSY (Specify Yes or No) No

17t WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

17u ACCIDENT (Specify Yes or No) No

17v DATE OF INJURY (Mo., Day, Year)

17w HOUR OF INJURY

17x DESCRIBE HOW INJURY OCCURRED

17y INJURY AT WORK (Specify Yes or No) No

17z PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

17aa DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒

17ab WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

17ac RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JUN 29 1987

(SEAL) OF JACKSON COUNTY
NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Henry W. Collins, Jr.
REGISTRAR VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 10th day
of July A.D. 19 87 at 4:29 o'clock P. M., and duly recorded in Vol. M87
of _____ Deeds on Page 12230
Evelyn Biehn, County Clerk
By _____

FEE \$5.00