77434 '87 JUL 27 PM 3 29 MC-18314-P Vol. M87 Page 13429

A8659 ID TAG NO.

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

CERTIFICATE OF DEATH

Local File Number | State File Number

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

DECEDENT

1 DECEASED — NAME: First: Ernest; Middle: Lawrence; Last: BRIGGS
2 DATE OF DEATH (month, day, year): March 10, 1987
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 81
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): November 22, 1905
7a CITY, TOWN OR LOCATION OF DEATH: Medford
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rogue Valley Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d COUNTY OF DEATH: Jackson
8 STATE OF BIRTH (If not in U.S.A., name country): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced
11 SPOUSE (IF MARRIED, WIDOWED): —
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 543-10-1218
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tallyman/Loader
14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 4221 Balsam Drive
ZIP: 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Walter F. Briggs
17 MOTHER — first middle last (Maiden Name): Frances D. Lake
18 INFORMANT — NAME and relationship to deceased: David Briggs - Son
19c LOCATION city or town state: Medford, Oregon

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Siskiyou Crematory
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jay Millard
20b NAME AND ADDRESS OF FACILITY: Dayspring National Cremation Society P O Box 4548, Medford, Or.
21b DATE SIGNED (Mo., Day, Year): 3/10/87
21c HOUR OF DEATH: 0127 M

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): Brian W Gross
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Brian W. Gross, M.D. 1025 East Main Medford, Oregon ZIP: 97504
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAR 1 1 1987
22b REGISTRAR (Signature): Donna K. Collins

CAUSE OF DEATH

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

PART I
23 (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): Cardiogenic Shock — Interval between onset and death: 1 Wk
(b) DUE TO, OR AS A CONSEQUENCE OF: Recurrent MI's — Interval between onset and death: 6 mth
(c) DUE TO, OR AS A CONSEQUENCE OF: ASCVD — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Abd Aneurysm CHF
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY: M
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No): No
26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION — STREET OR R.F.D. NO. CITY OR TOWN STATE

26h 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

43-2 Rev 6-86

ORIGINAL VITAL STATISTICS COPY
CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

STATE OF OREGON

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

REGISTRAR, VITAL STATISTICS

DATE MAR 1 1 1987

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Return: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 27th day of July A.D., 19 87 at 3:29 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 13429.

Evelyn Biehn, County Clerk
By

FEE $5.00
Return: MTC