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B9102
ID TAG NO.

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

CERTIFICATE OF DEATH
ORS — 146

File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

	First	Middle	Last
1 NAME	James	linton	THOMPSON

2 DATE OF DEATH (month, day, year): July 18, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last Birthday (years): 64

5b Under 1 year — mos. / days

5c Under 1 day — hours / min.

6 DATE OF BIRTH (month, day, year): December 5, 1922

7a CITY, TOWN OR LOCATION OF DEATH: Winston

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): I-5 South, Milepost 116.8

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)

7d COUNTY OF DEATH: Douglas

8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ruth E.

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

13 SOCIAL SECURITY NUMBER: 447-16-2765

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

14b KIND OF BUSINESS OR INDUSTRY: Auto Industry

15a RESIDENCE — STATE: Oregon

15b COUNTY: Josephine

15c CITY, TOWN OR LOCATION: Grants Pass

15d STREET AND NUMBER: 303 Shetland Drive

ZIP: 97526

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Lee Thompson

17 MOTHER — first middle last (Maiden Name): Belva Johnson

18 INFORMANT — NAME and relationship to deceased: Ruth Thompson, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Lundberg Crematory

19c LOCATION city or town state: Grants Pass, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b ADDRESS OF FACILITY: Lundberg's L.B. Hall Funeral Home, 141 NW "C" St., Grants Pass, OR 97526

DOUGLAS COUNTY

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Month, Day, Year): 1615 M

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): 7 18 1987 1615 M

21c FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): [signature] MD

21e NAME AND TITLE — (Type or Print): Steven R. Fletcher MD

21f MEDICAL EXAMINER For: Douglas County

21g DATE SIGNED (Month, Day, Year): 7-27-87

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): August 3, 1987

22b REGISTRAR (Signature): [signature]

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

CAUSE OF DEATH

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE (a), (b) AND (c).]

PART I (a) Multiple trauma injuries — Interval between onset and death: immediate

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

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

25a DATE OF INJURY (Month, Day, Year): 7-18-87

25b HOUR: 1615

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Driver in headon accident;his pickup hit by truck

25d INJ. AT WORK (Specify Yes or No): NO

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): highway

25f LOCATION (Street or R.F.D. No., City or Town, County, State): I-5, S.B., MP 116, Winston,Douglas, OR

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

45-107 Rev. 1-86

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON)
COUNTY OF DOUGLAS) SS.

Date of Issue August 3, 1987

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

SEAL

PETER C. MULDER
Registrar of Vital Records for
Douglas County, Oregon

By [signature]
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Leslie Klein, Attorney at Law the 25th day of August A.D., 19 87 at 3:49 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 15354.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00

Return: Leslie Klein, Attorney at Law 426 Main Street, Klamath Falls, Oregon 97601