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Vol M87 Page 18739A 4717
ID TAG NO.

274

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
IF HANDBOOK
REGARDING
COMPLETION OF
SOURCES ITEMS

SPOUSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

| | | | | | | | | | |
|--|--|--|--|---|--|------------------------------|--|---|--|
| DECEASED - NAME | | First | | Middle | | Last | | DATE OF DEATH (month, day, year) | |
| VICTOR | | HENRY | | JACKSON, | | SR. | | July 18, 1987 | |
| RACE (Specify) | | SEX | | AGE - Last birthday (years) | | Under 1 year | | DATE OF BIRTH (month, day, year) | |
| 3 Amer. Indian | | Male | | 58 | | 58 | | February 12, 1929 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) | | IF HOSP. OR INST. Indicate DOA, DP (Emer. Rm., Inpatient) (specify) | | COUNTY OF DEATH | | | |
| 7a Klamath Falls | | 7b Merle West Medical Center | | 7c Emer. Room | | 7d Klamath | | | |
| STATE OF BIRTH (If not in U.S.A. name country) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | | SPOUSE (IF MARRIED, WIDOWED) | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) | |
| 8 Oregon | | 9 U.S.A. | | 10 Married | | 11 Marilynne | | 12 Yes | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 13 542 - 32 - 6029 | | 14a Mail Clerk | | 14b Winema National Forest | | | | | |
| RESIDENCE - STATE | | COUNTY | | CITY, TOWN OR LOCATION | | STREET AND NUMBER OR R.F.D. | | ZIP | |
| 15a Oregon | | 15b Klamath | | 15c Chiloquin | | 15d PO Box 413 | | 97624 | |
| FATHER - NAME first middle last | | MOTHER - first middle last (Maiden Name) | | INFORMANT - NAME and relationship to decedent | | | | | |
| 16 Roland L. Jackson | | 17 Pearl George | | 18 Marilynne Jackson / Wife | | | | | |
| BURIAL, CREMATION, REMOVAL, MAIMS (specify) | | CEMETERY OR CREMATORY - NAME | | LOCATION - City or town - state | | | | | |
| 19a Cremation | | 19b Eternal Hills Memorial Gardens | | 19c Klamath Falls, Or. | | | | | |
| FUNERAL SERVICE LICENSEE or person acting as such (Signature) | | NAME AND ADDRESS OF FUNERAL HOME | | | | | | | |
| 20a | | WARD'S - 1945 Main - Klamath Falls, Or. - 97601 | | | | | | | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | DATE SIGNED (Mo., Day, Year) | | HOUR OF DEATH | | | | | |
| 21a (Signature) - George A. Whang, MD | | 21b July 19, 1987 | | 21c 9:39 P M | | | | | |
| NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) | | | | | | | | | |
| 21a George A. Whang, MD / 20 Box 466 / Chiloquin, Oregon ZIP / 97624 | | | | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | |
| 21a | | | | | | | | | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year) | | REGISTRAR | | | | | | | |
| 22a JUL 20 1987 | | 22b (Signature) - Michelle Batteff | | | | | | | |
| 23 - IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) | | | | | | | | | |
| PART I (a) CARDIOPULMONARY ARREST | | | | | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF, ARTERIOSCLEROTIC CORONARY ARTERY DISEASE | | | | | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF, OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | | | | | | | | |
| PART II S/P M.I., S/P C.V.A. | | | | | | | | | |
| ACCIDENT (Specify Yes or No) | | DATE OF INJURY (Mo., Day, Year) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | AUTOPSY (Specify Yes or No) | |
| 24a No | | 24b | | 24c M 24d | | | | 24 No | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. NO. | | CITY OR TOWN STATE | |
| 25a | | 25b | | 25c | | 25d | | 25 Yes | |
| DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? | | WAS GIFT MADE? | | | | | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | | | | | | |
| RESERVED FOR REGISTRAR'S USE | | | | | | | | | |

ORIGINAL - VITAL STATISTICS COPY

49-2 Nov 6-66

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED

OCT 15 1987

Marianne Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marilynne Jackson the 15th day
of October A.D., 19 87 at 4:11 o'clock P M., and duly recorded in Vol. M87,
of Deeds on Page 18739.

FEE \$5.00

Ret: Marilynne Jackson Box 143 Chiloquin, Oregon 97624

Evelyn Biehn, County Clerk

By