

00698
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOKIF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
SICENCE ITEMS

SPOSITION

CERTIFIER

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

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DECEASED - NAME			First			Middle			Last			DATE OF DEATH (month, day, year)		
1 Sarah			Christine			WRIGHT			2 October 14, 1987					
RACE White, Black, American Indian, etc. (specify)			SEX			AGE - Last birthday (years)			Under 1 year			DATE OF BIRTH (month, day, year)		
3 White			4 Female			5a 86			5b mos			6 October 21, 1900		
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, OP/Emer Rm., Inpatient (specify)			COUNTY OF DEATH					
7a Central Point			7b Central Point Nursing Center			7c Inpatient			7d Jackson					
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 Virginia			9 U.S.A.			10 Widowed			11 James W.			12 No		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY								
13 542-54-3794			14a Homemaker			14b Own Home								
RESIDENCE - STATE			COUNTY			CITY, TOWN OR LOCATION			STREET AND NUMBER OR R.F.D.			ZIP		
15a Oregon			15b Jackson			15c Central Point			15d 155 S. 1st			97502		
FATHER - NAME first middle last			MOTHER - first middle last (Maiden Name)			INFORMANT - NAME and relationship to deceased								
16 Charles Fitzhugh			17 -			18 F. Jean Elzner								
BURIAL, CREMATION, REMOVAL, MAUS, (specify)			CEMETERY OR CREMATORY - NAME			LOCATION city or town state								
19a Burial			19b Klamath Memorial Park			19c Klamath Falls, Oregon								
FUNERAL SERVICE LICENSEE of person acting as such (Signature)			NAME AND ADDRESS OF FACILITY			DATE SIGNED (Mo., Day, Year)			HOUR OF DEATH					
20a - <i>Mervin Rife</i>			O'Hair's Funeral Chapel - 515 Pine - Klamath Falls, Ore.			21b 10-14-87			21c 7:55 A.M.					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated			NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)			21d Michael T. Robinson, DO 524 Manzanita Central Point, Ore.			ZIP 97502					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21e			DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			REGISTRAR					
22a OCT 14 1987			22b <i>Diana K. Collins</i>			23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			Interval between onset and death					
(a) <i>ADRENOSCORTIC HYPERTENSION</i>			(b) <i>ADRENOSCORTIC HYPERTENSION</i>			(c) <i>ADRENOSCORTIC HYPERTENSION</i>			Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b) and (c)			AUTOPSY (Specify Yes or No)			WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)								
24 No			25 No			26a No			26b No			26c No		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Year)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED					
26a No			26b No			26c No			26d No			26e 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		
26a No			26b No			26c No			26d No			26e No		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			WAS GIFT MADE?			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>					
RESERVED FOR REGISTRAR'S USE														

STATE OF OREGON

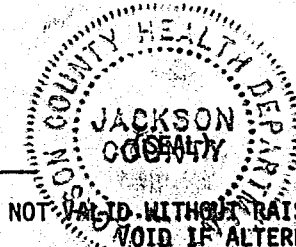
CERTIFICATE OF DEATH

COUNTY OF JACKSON

45-2 Rev 6-80

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 OCT 14 1987

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Diana K. Collins, Jr.
REGISTRAR VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of F. Jean Elzner the 27th day
of October A.D., 19 87 at 3:50 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 19504

FEE \$5.00
F. Jean Elzner - Tax Office

Evelyn Biehn, County Clerk
By *[Signature]*