State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

92620

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M88 Page 17239

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

Local File Number | State File Number

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	Patsy R. Long
2 DATE OF DEATH (month, day, year)	November 20, 1982
3 RACE White, Black, American Indian, etc. (specify)	White
4 SEX	Female
5a AGE—Last birthday (years)	43
5b Under 1 year (mos, days)	
5c Under 1 day (hours, min.)	
6 DATE OF BIRTH (month, day, year)	February 14, 1939
7a CITY, TOWN OR LOCATION OF DEATH	Medford
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Rogue Valley Mem. Hosp.
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)	Arkansas
9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Johnny G. Long
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]	No
13 SOCIAL SECURITY NUMBER	544-42-9854
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Housewife
14b KIND OF BUSINESS OR INDUSTRY	Home Making
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	1755 Kimberly Drive 97601
15e Inside City Limits (specify yes or no)	No
16 FATHER—NAME (first, middle, last)	Albert Brown
17 MOTHER—Maiden Name (first, middle, last)	Goldie Johnson
18 INFORMANT—NAME and relationship to deceased	Johnny G. Long - husband

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

DISPOSITION

Field	Entry
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
19b CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens
19c LOCATION (city or town, state)	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	Merrill Reid
20b NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 976

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

Field	Entry
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]	Mario J. Campagna
21b DATE SIGNED [Mo., Day, Yr.]	11/30/82
21c HOUR OF DEATH	12:05 A. M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Mr. Mario J. Campagna 2900 State Street Medford, Oregon 97501
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]	
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	DEC 6 1982
22b REGISTRAR [Signature]	Alma Brawley

CAUSE OF DEATH

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

23 PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

	Cause	Interval between onset and death
(a) IMMEDIATE CAUSE	Intracranial aneurysm, c Rupture	hours
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

Field	Entry
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
25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]	No
26a ACCIDENT [Specify Yes or No]	NO
26b DATE OF INJURY [Mo., Day, Yr.]	
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)	

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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.

Jim Johnston
REGISTRAR, VITAL STATISTICS

DATE Dec 7, 1982

(SEAL) HEALTH DEPARTMENT JACKSON COUNTY

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

'88 OCT 13 PM 2 58

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Johnny G. Long the 13th day of Oct. A.D., 19 88 at 2:58 o'clock P. M., and duly recorded in Vol. M88 of Deeds on Page 17239.

Evelyn Biehn County Clerk
By Pauline Mulendore

FEE $8.00

Return: Johnny G. Long
1755 Kimberly Dr.- K.Falls, Or. 97603