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I.D. TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vol. M89 Page 4606

Vital Records Unit
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>George</u> Middle: <u>Alexander</u> Last: <u>GHELLER</u>		2. SEX <u>M</u>		3. DATE OF DEATH (Month, Day, Year) <u>October 11, 1988</u>	
4. SOCIAL SECURITY NUMBER <u>541-09-9381</u>		5a. AGE - Last Birthday (Years) <u>84</u>		5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	
6. BIRTHPLACE (City and State or Foreign Country) <u>Boston, Massachusetts</u>		7. DATE OF BIRTH (Month, Day, Year) <u>April 19, 1904</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) <u>Providence Hospital</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>		9c. COUNTY OF DEATH <u>Jackson</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Fireman</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Fire Department</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12a. RESIDENCE - STATE <u>Oregon</u>		12b. COUNTY <u>Jackson</u>		12c. CITY, TOWN, OR LOCATION <u>Medford</u>	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE <u>97504</u>		13c. STREET AND NUMBER <u>1734 Yukon</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify 1st or 2nd - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+)	
17. FATHER - NAME first middle last <u>Gheller</u>		18. MOTHER - NAME first middle maiden <u>Lucia Querrola</u>		19. INFORMANT - NAME and relationship to decedent <u>Helen Gheller - Wife</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Memory Gardens Memorial Park</u>		20c. LOCATION - City or Town, State <u>Medford, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Howard M. Ferguson, DO</u>		21b. LICENSE NUMBER (Of Licensee) <u>0071</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Conger-Morris Funeral Directors</u> <u>715 W. Main St. Medford, OR 97501</u>	
23. TIME OF DEATH <u>9:30 P. M.</u>		24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. <u>Howard M. Ferguson, DO</u> <u>10-20-88</u>	
26. DATE SIGNED (Month, Day, Year) <u>10-20-88</u>		27a. TIME OF DEATH <u>M</u>		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>Howard M. Ferguson, DO</u>		29. DATE SIGNED (Month, Day, Year) <u>10-20-88</u>		COUNTY <u>Jackson</u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Howard M. Ferguson, DO</u> <u>P. O. Box 1237</u>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Shady Cove, Oregon 97539</u>		32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <u> </u>		34b. TIME OF INJURY <u> </u>	
35. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		36. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. DESCRIBE HOW INJURY OCCURRED <u> </u>	
38. DATE FILED (Month, Day, Year) <u>OCT 24 1988</u>		39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

STATE OF OREGON

ORIGINAL VITAL STATISTICS COPY
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.

DATE OCT 24 1988JACKSON COUNTY
(SEAL)NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of March A.D., 19 89 at 3:19 o'clock P.M., and duly recorded in Vol. M89 day 17th of Deeds on Page 4606.FEE \$8.00
Return: Helen Gheller
1734 Yukon, Medford, Or. 97504Evelyn Biehn
By Pauline Mullins County Clerk