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ID TAG NO

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

Vol. M90 Page 6337

## CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED - NAME First Middle Last <b>James Ernest TURNER</b>		DATE OF DEATH (month, day, year) <b>2 March 24, 1986</b>	
RACE White Black, American Indian, etc. <b>White</b>		DATE OF BIRTH (month, day, year) <b>5 April 23, 1923</b>	
SEX <b>Male</b>		AGE - Last birthday (years) <b>62</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Medford</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Rogue Valley Medical Center</b>	
STATE OF BIRTH (If not in U.S.A. name country) <b>Mississippi</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>426-24-6277</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Divorced</b>	
RESIDENCE - STATE <b>Oregon</b>		COUNTY <b>Jackson</b>	
CITY, TOWN OR LOCATION <b>Central Point</b>		STREET AND NUMBER OR R.F.D. <b>2443 Beattle</b>	
ZIP <b>97502</b>		KIND OF BUSINESS OR INDUSTRY <b>Lumber Mill MEDPLY</b>	
FATHER - NAME first middle last <b>Henry Turner</b>		MOTHER - first middle last <b>Birdy Mae Terry</b>	
BURIAL, CREMATION, RE MOVAL, MAUS. (specify) <b>Burial</b>		CEMETERY OR CREMATORY - NAME <b>Eagle Point National Cemetery</b>	
FURNERAL SERVICE LICENSEE or person acting as such (Signature) <i>M. J. Mead</i>		FURNERAL HOME <b>Verl Funeral Home</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>MAR 26 1986</b>		22b (Signature) <i>Jean Lutterbach</i>	
IMMEDIATE CAUSE (a) <b>CARDIOVASCULAR STROKE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>HOURS</b>	
(b) <b>SEVERE COMBUSTION FROM FIRE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>MONTHS</b>	
(c) <b>CARDIOVASCULAR</b>		INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b>	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY Specify Yes or No <b>no</b>	
DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY	
PLACE OF INJURY - (If home, farm, street, factory, office building, etc. (Specify))		LOCATION	
STREET OR R.F.D. NO		CITY OR TOWN	
STATE		ZIP	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

STATE OF OREGON

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 MAR 26 1986

(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 Wilma Fenrick the 6th day  
of April A.D. 19 90 at 9:39 o'clock AM., and duly recorded in Vol. M90  
of Deeds on Page 6337  
By Evelyn Biehn County Clerk

FEE \$8.00

Return: Wilma Fenrick  
202 N. Main #102, Yreka, Ca. 96097

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