CERTIFICATION OF VITAL RECORD

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OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

E-4584 I.D. TAG NO. Ce:K-42231 136- State File Number

Local File Number 14024

DECEDENT

1. DECEDENT'S NAME: First Floyd; Middle Edward; Last BUBB
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 3, 1989
4. SOCIAL SECURITY NUMBER: 562-12-3065
5a. AGE - Last Birthday (Years): 78
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Niobrara, Nebraska
7. DATE OF BIRTH (Month, Day, Year): July 30, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Three Fountains Nursing Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): General Laborer
10b. KIND OF BUSINESS/INDUSTRY: Residential Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Lila
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Jackson
13c. CITY, TOWN, OR LOCATION: Medford
13d. STREET AND NUMBER: 3367 Eucalyptus
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97504
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
19. INFORMANT - NAME and relationship to deceased: Val Bubb - Son

PARENTS

17. FATHER - NAME first / middle / last: Edward Bubb
18. MOTHER - NAME first / middle / maiden: Florence Marsh

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hillcrest Memorial Park and Crematory
20c. LOCATION - City or Town, State: Medford, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: John C Osterberg
21b. LICENSE NUMBER (Of Licensee): 1244
22. NAME, ADDRESS AND ZIP OF FACILITY: Conger-Morris Funeral Directors 715 West Main - Medford, Oregon 97501
24. REGISTRAR'S SIGNATURE: Delia Colvin
23. DATE FILED (Month, Day, Year): NOV 0 9 1989
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

11-4-89 '90 APR 25 PM 1 57

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:15 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Brian W. Gross
30. DATE SIGNED (Month, Day, Year): 11/7/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
COUNTY
33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Brian W. Gross, M.D. 1025 East Main Medford, Oregon 97504

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. 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.
PART I (a) Pneumonia — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Aspiration — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) CVA — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. CROHNS CLL COPD

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

Return to
Val A. Bubb
666 E. Jackson St.
Medford
OR 97504

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

DATE ISSUED NOV 0 9 1989

Henry Collins Jr
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

JACKSON COUNTY OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 25th day of April A.D., 19 90 at 1:57 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 7691.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00