		CERTIFICATION OF	RESOURCES - 200	769	X
F/62	Б-4584 7 ОР		400		
	LD. TAG NO.	Wital Records VIII.	H STATE OF	DEATH (MONING CO.)	
200	Local File Number	Last	uale movem	er 3, 1989 BIRTH (Month, Day, Year)	
40 m - 7	DECEDENT'S First	Edward set Birthday 5b. Under 1 Year 5c. Under 1 Day Hours Mins.	SIRTHPLACE (City and State or Foreign 7. DATE OF Country) Niobiara Nebraska July	10, 1911	₩
():	4. SOCIAL SECURITY NUMBER SE AUE.	78 Mos. Days	OF DEATH (Check only one)	9d. COUNTY OF DEATH	
	562-12 EVER IN	Secontration DOA XX	Nursing Home Deceation OF DEATH	Jackson Jackson Widowed)	
DECEDENT	On FACILITY NAME (If not institution, 9	Ne street and manual M	Aedford 11. MARITAL STATUS - Married. 12. SPOU Never Married, Widowed, Divorced (Specify) 1. il	2F (II wasses	
1	Three Fountains Nu 102. DECEDENTS USUAL OCCUPATION (Other kind of work done during monito, Do not use relief).	ITSING CENTER NOTION NIND OF BUSINESSANDUSTRY Not of working		3	
2	(Give kind of work and interest) General Laborer General Laborer	Residential Constru	baca Riicalypu	EDENT'S EDUCATION , highest grade completed)	
3	13a. RESIDENCE - STATE	Medford	Black, White, att. 1	MORTY TO THE	
4	Oregon 13e. INSIDE CITY 13f. ZIP CODE	Mexican, Puerto Rican, etc.) A.Poto	White In HIPPREAUT - NAM	and inializaship to deceased	
6	- DNo 97504	Specify.	Val Bubb -	Son	N.
-	17. FATHER - NAME HIS	Bubb Florence	of cemetery.		
PARENT	20a, METHOD OF DISPOSITION	The State Hillcrest Money			
DISPOSITI	□ Burial XX Gramation □ Other (Specify)	and Crematory and Crematory 21b. LICENSE NUM (Of Licensee)	Conger-Morris Funera	07501	
₹7	21a. SIGNATURE OF FUNERACE	Dateberg 1244	715 West Main - Medfo	a) Calono	NE NE
9	23. DATE FILED (Month, DAY)	7"0 9 1989	V Pica		重
REGIS	TRAR	7" 0 9 1989 TRATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONS	D YES XX NO	EVANINER	THE STATE OF THE S
	I TIYES LIND T	**	TO BE COMP DATE PRONG		PRINT
= /	TO SE CO	MPLETED BY CERTIFYING PHYSICIAN 8. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH 31b. DATE PRUMS M. 32. On the basis of examination and/or investigate the time, date, place and due to the	stigation, in my opinion death occurred	3
10 Lr: 11			32. On the basis of examination area in the time, date, place and due to the (Signature)	cause(a) and mamme	1
30 APR 25	4:15 P. M) 70 the best of my knowl to the cause(s) and	(1) Yes XXVIO ledge, death occurred at the time, date, place and manner stated.	33. DATE SIGNED (Month, Day, Year)	COUNTY	3
a ce	- I yellow	- [/] - 			
⊆ 12_	30. DATE SIGNED (Month, D	TO THE PROPERTY OF THE PARTY OF	Medford, Oregon 97504		
13.	34. NAME, TITLE, ADDRES	SAND ZIP OF CENTER 1025 East Main	Mediorer	Arrest. interval between onset and death	
14	Brian W. Gro	SAND 2P OF CERTIFIERMENT AND	on not enter mode of dying, e.g. Cardiac or Respiratory	and death Interval between onset and death	
C	ONDITIONS CAUSE IE	NTER ONLY ONE CAUSE PER LINE FOR CALLAN		and death	
,	THE PART .	CONSEQUENCE OF:		and death	
S	UNDERLYING (b)	CONSEQUEIGE OF	37. Did tobacco use contribute	38. AUTOPSY 39. If YES were lindings considered in determining cause of death?	
	CAUSE OF (c)	CHARTIONS - AND Given in PART	to the death?	□Yes MXO □ Yes □ No □ NIA	
	CAUSE OF PART OTHER SIGNIFIC COnditions control				
46.0	15 CHUC	TH ALE DATE OF INJURY ALL TIME OF INJURY	M Pes 13/No. Street, lactory, ottos 411. LOCATION (Street and Nuc.	Dural Boute Number, City or Town, State)	
- 7	Natural	Pending investigation	Street, factory, office 411. LOCATION (Street and Nur	ber or must visa	
	17 C Suicide	Manner Hace of Edury - Al home, fami, building, etc. (Specify)		-	
	RESERVED FOR RE	GISTRAR'S USE		452 REV. 1.89	
			CTATISTICS COPY		
		ORIGINAL - VIT	AL STATISTICS COPY		
Return	A. Bubb	TRUE AND EXACT REPRODUCTION OF RED AT THE OFFICE OF THE JACKSON	F THE DOCUMENT OFFICIALLY		9
~~~~~~~	Jackson Sta	TRUE AND EXACT REPRODUCTION OF RED AT THE OFFICE OF THE JACKSON	Hea	yw Callery &	
N/QE	OR 97504	NOV 0 9 1989		HEJRY COLLINS, JR. COUNTY REGISTRAR COUNTY OREGON	
			JA	CKSON COUNTY, OREGON	
	DATEISS	UED -			
		пинининий принаваний принаваний принаваний принаваний принаваний принаваний принаваний принаваний принаваний п	in in the second		
	Simmon minimum	INTY OF KLAMATH: SS.		25th	d
STAT	E OF OREGON: COU	INTY OF KLAMATH: SS.	oclock PM., and	duly recorded in Vol. M90	
		of1:57	on Page _/6		
of _	April	ofDeeds	Evelyn Biehn	. County Clerk	
		<del></del>	By Sauce	Callendar	
FEE	\$8.00				er staansk
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