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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

M&C 1044

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

8-4-67 (2)

STANDARD CERTIFICATE OF DEATH
STATE OF OREGON
BOARD OF HEALTH – PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 197

STATE FILE NO. '67 008292

DATE RECEIVED JUL 10 1967

1. NAME OF DECEASED (First, Middle, Last)	Mary Lee Jackson
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY, TOWN, OR LOCATION	Klamath Falls
C. LENGTH OF STAY IN 2B	3 Weeks
D. NAME OF HOSPITAL OR INSTITUTION	Pres. Intercomm. Hosptl
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION	Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.	6236 Cherry Way
4. DATE OF DEATH	June 21, 1967
5. SEX	Female
6. COLOR OR RACE	Caucasian
7. MARITAL STATUS	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.	233-28-9765
9. USUAL OCCUPATION	Homemaker
10. KIND OF BUSINESS OR INDUSTRY	—
11. NAME OF SPOUSE	Herbert D. Jackson
12. DATE OF BIRTH	August 8, 1922
13. AGE LAST BIRTHDAY	44
14. BIRTHPLACE	North Carolina
15. WAS DECEASED A CITIZEN OF	[X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?	No
17. NAME OF FATHER	Fletcher L. Hayes
18. MAIDEN NAME OF MOTHER	Margie Cox
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Carol Fargo, daughter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)

	Cause	Interval Between Onset and Death
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Carcinomatosis, generalized,	4 mos
DUE TO (B):	Peritoneal cavity	
DUE TO (C):	Carcinoma, ovary	1 yr

PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown

22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH (RESULT OF) [ ] Accident [ ] Suicide [ ] Homicide

24. IF ACCIDENT, DID INJURY OCCUR [ ] AT WORK [ ] NOT AT WORK

25A. PLACE OF INJURY

25B. City County State

26. TIME OF INJURY

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I attended the deceased from 1-29-59 to 6-21-67 and that the death occurred at 4:43 A.M. from the causes and on the date stated above.

(Signature) [signature] 425 Pine St. Klamath Falls, Ore 6-22-67

29. RESERVED FOR REGISTRAR'S USE 175.0

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other	30B. DATE 6-23-67	30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Mem. Gard.	30D. LOCATION Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR 6-22-67	32. REGISTRAR'S SIGNATURE [signature]	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature]	O'Hair's 515 Pine, K. Falls, Ore.

Return: M&C
attn: Jean

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUN 14 1990

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 15th day of June A.D., 19 90 at 11:15 o'clock AM., and duly recorded in Vol. M90, of Deeds on Page 11725.

Evelyn Biehn County Clerk

By [signature]

FEE $8.00