20532

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HEALTH DIVISION
Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Local File Number: 317-83

State File Number

1 DECEASED—NAME: First Alva; Middle Newton; Last MAULDIN, SR.	2 DATE OF DEATH (month, day, year): July 18, 1983
3 RACE (White, Black, American Indian, etc. (specify): White	4 SEX: Male
5a AGE—Last birthday (years): 66	5b Under 1 year: mos. days; 5c Under 1 day: hours min.
6 DATE OF BIRTH (month, day, year): January 3, 1917	
7a CITY, TOWN OR LOCATION OF DEATH: Grants Pass	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Southern Ore. Gen Hospital
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient	7d COUNTY OF DEATH: Josephine
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma	9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Dorothy
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	13 SOCIAL SECURITY NUMBER: 542-10-8959A
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic & Truck Driver	14b KIND OF BUSINESS OR INDUSTRY: Transportation
15a RESIDENCE—STATE: Oregon	15b COUNTY: Josephine
15c CITY, TOWN, OR LOCATION: Grants Pass	15d STREET AND NUMBER: 202 Boyer Road
15e Inside City Limits (specify yes or no): No	15f RESIDENCE—ZIP: 97526
16 FATHER—NAME first, middle, last: Harvey Luther Mauldin	17 MOTHER—Maiden Name first, middle, last: Rosetta - Garoutte
18 INFORMANT—NAME and relationship to deceased: Dorothy Mauldin - Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Pleasant Valley Cemetery
19c LOCATION city or town, state: Grants Pass, Oregon	
19d FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]	19e NAME AND ADDRESS OF FACILITY: Grants Pass, Oregon
20a To be Completed by CERTIFYING PHYSICIAN ONLY: To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature) [signature]	20b Slawson's Chapel of the Valley 2065 Upper River Rd.
20c DATE SIGNED (Mo., Day, Yr.): 7-20-83	21b HOUR OF DEATH: 5:00 pm
21a NAME AND ADDRESS OF CERTIFIER (Type or Print): Roger W. Steinbrenner, M.D. 124-C Midland, Grants Pass, Oregon 97526	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): July 20 1983	22a REGISTRAR (Signature): La Verla J. Young
22b [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	
23 IMMEDIATE CAUSE (a): Acute myocardial infarction	Interval between onset and death
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: ASCVD	Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No	
26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)
26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED: deceased
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION: STREET OR R.F.D. NO.	CITY OR TOWN
STATE	
RESERVED FOR REGISTRAR'S USE	

HS-2 (Rev. 1)

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

(SEAL)
VOID IF ALTERED

DATE July 20 19 83

BY La Verla J. Young
La Verla J. Young
Registrar of Vital Statistics
Josephine County

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 24th day of Sept. A.D., 19 90 at 11:05 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 19130.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: John E. Davis
600 N.W Fifth St., Grants Pass, Or. 97526