

MIC 25043

20077
I.D. TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

136-

CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First: Ronald Middle: Jack Last: LINDSAY			2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 23, 1988								
4. SOCIAL SECURITY NUMBER 540-62-5056		5a. AGE - Last Birthday (Years) 35	5b. UNDER 1 YEAR (Mons, Days) Hours	5c. UNDER 1 DAY (Hours, Mins)	6. BIRTHPLACE (City and State or Foreign) Klamath Falls, Oregon	7. DATE OF BIRTH (Month, Day, Year) August 7, 1952						
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Rogue Valley Medical 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) Truck driver		10b. KIND OF BUSINESS/INDUSTRY Logging		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Margaret L.						
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Merrill		13d. STREET AND NUMBER W. Court Drive						
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97633		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 (Elementary/Secondary: 0-12 College: 11-4 or 5+)				
17. FATHER - NAME first middle last Jack L. Lindsay			18. MOTHER - NAME first middle maiden Dorothy M. Turner			19. INFORMANT - NAME and relationship to decedent Margaret L. Lindsay, wife						
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery			20c. LOCATION - City or Town, State Malin, Oregon							
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>				21b. LICENSE NUMBER (Of Licensee) 47-3104		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194						
23. TIME OF DEATH 2:00 P.M.					24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) <i>Gerald B. Ahmann</i>					26. DATE SIGNED (Month, Day, Year) February 25, 1988							
27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) _____					28. DATE SIGNED (Month, Day, Year) _____ COUNTY _____							
29. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gerald B. Ahmann, MD, 1025 East Main Street, Medford, Oregon 97504					30. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) _____							
31. 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) DUE TO, OR AS A CONSEQUENCE OF: Sepsis/Hillman's					Interval between onset and death 1-2 days							
(b) DUE TO, OR AS A CONSEQUENCE OF: Malignant Thymoma					Interval between onset and death 3/84							
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause of death in PART I (a) _____					Interval between onset and death _____							
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner					33a. DATE OF INJURY (Month, Day, Year) _____		33b. TIME OF INJURY _____		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. DESCRIBE HOW INJURY OCCURRED _____	
34. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____					35. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____							
36. REGISTRAR'S SIGNATURE <i>Anna L. Collins</i>					37. DATE FILED (Month, Day, Year) FEB 25 1988							
38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					39. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A							

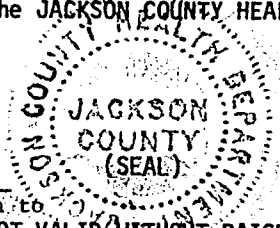
91 JUN 7 1988

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.



Anna L. Collins, Jr.
REGISTRAR VITAL STATISTICS

DATE **FEB 25 1988**

after recording please return to
Margaret L. Lindsay
P O Box 127
Merrill, OR 97633

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 25th day of June A.D., 19 91 at 11:20 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 12121

FEE \$8.00

Evelyn Biehn County Clerk
By *Rachel Mullendore*