

CERTIFICATE OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICSSTATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

81-009759

CERTIFICATE OF DEATH

Local File Number 810523		State File Number 81-009759	
DECEASED—NAME First Middle Last Thomas JONES		DATE OF DEATH (month, day, year) June 14, 1981	
RACE (White, Black, American Indian, etc. (Specify)) White		DATE OF BIRTH (month, day, year) January 4, 1947	
SEX Male		AGE—Last birthday (Years) 34	
CITY, TOWN OR LOCATION OF DEATH Medford		HOSPITAL OR OTHER INSTITUTION—NAME (If not in center, give street and number) Rogue Valley Hospital Emer. Rm.	
STATE OF BIRTH (If not in U.S.A. name country) Indiana		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 543-54-9901		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
RESIDENCE—STATE Oregon		SPOUSE (If married, widowed, divorced) Irene K. Jones	
COUNTY Klamath		KIND OF BUSINESS OR INDUSTRY Lumber	
CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. NO. Box 56-D Harriman Rd.	
FATHER—NAME First middle last Harold Jones		MOTHER—Maiden Name First middle last Peggy Jones	
BIRTHAL, CREMATION, REINTERMENT, MAUS. (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME Hillcrest Memorial Park	
FURNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Harmon R. Bunker		NAME AND ADDRESS OF FACILITY Hillcrest Mortuary 2201 N. Phoenix Rd. Medford OR	
DATE RECEIVED BY REGISTRAR (Month, Day, Year) JUN 19 1981		REGISTRAR Joe Millard	
PART I (a) IMMEDIATE CAUSE Cardiac Arrest		Interval between onset and death usual	
(b) DUE TO, OR AS A CONSEQUENCE OF: Sepsis		Interval between onset and death 1 day	
(c) DUE TO, OR AS A CONSEQUENCE OF: Kidney Disease		Interval between onset and death 18 mos	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) NO		AUTOPSY (Specify Yes or No) NO	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) YES		DATE OF INJURY (Month, Day, Year) NO	
HOUR OF INJURY NO		DESCRIBE HOW INJURY OCCURRED NO	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) NO		LOCATION NO	
STREET OR R.F.D. NO. NO		CITY OR TOWN NO	
STATE NO		RESERVED FOR REGISTRAR'S USE	

HS-2 Rev-1-80

RETURN: IRENE LORENZINI
25 RODEO DR., #34 SAUSALITO, CA 94965

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.

JAN 29 1992

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 18th day of Feb. A.D., 19 92 at 10:55 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 3252.

Evelyn Biehn - County Clerk

By Pauline Murlandore

FEE \$10.00