CERTIFICATION OF VITAL RECORD

18246

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M92 Page 16883

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH
ORS – 146

408-83 (Local File Number)

83 - 16273 (State File Number)

1 DECEASED NAME (FIRST)	Marguerite	(MIDDLE) Ragan	(LAST) HOPPER	DATE OF DEATH (MONTH, DAY, YEAR) 2 September 8, 1983
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.)	White	4 SEX Female	5A AGE – LAST BIRTHDAY (YEARS) 65	UNDER 1 YEAR (MOS. / DAYS) / UNDER 1 DAY (HOURS / MIN.) 5B / 5C
6 DATE OF BIRTH (MONTH, DAY, YEAR)	September 3, 1918			
7A CITY, TOWN, OR LOCATION OF DEATH	Grants Pass	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	3530 Campus View Dr.	7C IF HOSP. OR INST., INDICATE DOA, OPIEMER, INPATIENT (SPECIFY) –
7D COUNTY OF DEATH	Josephine			
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Wyoming	9 CITIZEN OF WHAT COUNTRY	U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	William F.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) no
13 SOCIAL SECURITY NUMBER	524-10-8633	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Management Specialist	14B KIND OF BUSINESS OR INDUSTRY U.S. Government
15A RESIDENCE – STATE	Oregon	15B COUNTY	Josephine	15C CITY, TOWN, OR LOCATION Grants Pass
15D STREET AND NUMBER OR R.F.D.	3530 Campus View Drive	15E INSIDE CITY LIMITS? (SPECIFY YES OR NO)	no	
16 FATHER NAME (FIRST, MIDDLE, LAST)	Walter Ragan	17 MOTHER MAIDEN NAME (FIRST, MIDDLE, LAST)	Clarice Goble	18 INFORMANT – NAME AND RELATIONSHIP TO DECEASED William F. Hopper spouse
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Cremation	19B CEMETERY OR CREMATORY – NAME	Siskiyou Memorial Park	19C LOCATION – CITY OR TOWN, STATE Medford, Oregon
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH – SIGNATURE	Tom Webber	20B NAME AND ADDRESS OF FACILITY	Perl Funeral Home 426 W. 6th St. Medford, OR	

CERTIFICATION – MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR)	~9 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH / DAY / YEAR / HOUR)	9 / 8 / 83 / ~9P.M.	21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
21D CERTIFIER SIGNATURE	Lyle T. Jackson M.D.	NAME (TYPE OR PRINT)	Lyle T. Jackson, M.D.	DEGREE OR TITLE
21E MEDICAL EXAMINER FOR:	Josephine COUNTY	21F DATE SIGNED (MONTH, DAY, YEAR)	9/24/0	

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	September 27, 1983	REGISTRAR (SIGNATURE) 22B	Victoria J. Young

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Aspiration. — INTERVAL BETWEEN ONSET AND DEATH: Sudden
(b) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
(c) — INTERVAL BETWEEN ONSET AND DEATH:

PART II OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Asthma — AUTOPSY (SPECIFY YES OR NO): 24 Yes

25A DATE OF INJURY (MONTH, DAY, YEAR)	7/8/83	25B HOUR	9PM	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Collapsed at home
25D INJ. AT WORK (SPECIFY YES OR NO)	No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	Home	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 3530 Campus View Dr./G.P.

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

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 JUL 27 1992

Edward J. Johnson II
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. F. Hopper of July A.D., 19 92 at 10:19 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 16883. the 30th day

FEE $10.00
Return: M. F. Hopper
3530 Campus View Dr., Grants Pass, Or. 97527

Evelyn Biehn County Clerk
By Barbara Whitehead