

INSTRUMENT
NON LINK104820
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

52013

Local File Number

1. DECEDENT'S NAME First: John Middle: Jacob Last: RUGER			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 17, 1992	
4. SOCIAL SECURITY NUMBER 559-10-7494			5a. AGE Last Birthday (Year) 83	5b. Under 1 Year Mos. Days Hours Mins	
6. BIRTHPLACE (City and State or Foreign Country) Mokena, Illinois			7. DATE OF BIRTH (Month, Day, Year) May 15, 1909		
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9a. FACILITY NAME (If not institution, give street and number) 2979 Barnett Road #105			9b. CITY, TOWN, OR LOCATION OF DEATH Medford		
9c. COUNTY OF DEATH Jackson					
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Train Conductor			10b. KIND OF BUSINESS/INDUSTRY Railroad		
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Marguerita E.		
13a. RESIDENCE - STATE Oregon			13b. COUNTY Jackson		
13c. CITY, TOWN OR LOCATION Medford			13d. STREET AND NUMBER 2979 Barnett Road #105		
14. INSIDE CITY LIMITS? 00 Yes <input type="checkbox"/> No <input type="checkbox"/>			15. ZIP CODE 97504		
16. 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			17. RACE American Indian, Black, White, etc. (Specify) White		
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) 12					
19. FATHER - NAME first middle last John Andrew Ruger			20. MOTHER - NAME first middle maiden Maude Raymond		
21. INFORMANT - NAME and relationship to decedent Marguerita Ruger - Wife					
22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Memorial Park and Crematory		
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John L. Ramey</i>			25. LICENSE NUMBER (Of Licensee) 3497		
26. NAME, ADDRESS AND ZIP OF FACILITY Memory Gardens Mortuary 1395 Arnold Lane Medford, OR 97501					
27. DATE FILED (Month, Day, Year) SEP 21 1992			28. REGISTRAR'S SIGNATURE <i>Solvia Colono</i>		
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			30. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
31. TIME OF DEATH 12:20 P.M.			32. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>					
34. DATE SIGNED (Month, Day, Year) 9/20/92					
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) R. Alan Miller, DO PO Box 1270 Jacksonville, OR 97530					
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
37. TIME OF DEATH M			38. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
39. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)					
40. DATE SIGNED (Month, Day, Year) COUNTY					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
CAUSE OF DEATH					
39. 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) STRIKE					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. DATE OF INJURY (Month, Day, Year)	43. TIME OF INJURY M	44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	45. DESCRIBE HOW INJURY OCCURRED
46. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

452 Rev 7/91

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

SEP 21 1992

DATE ISSUED

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marge Ruger the 7th day
of Oct. A.D., 19 92 at 3:39 o'clock P. M., and duly recorded in Vol. M92
of Deeds on Page 23523.
By Evelyn Biehn County Clerk

FEE \$10.00

Return: Marge Ruger
2979 Barnett Rd. #111
Medford, Or. 97504