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Return to:
Jones
47488 Hansen St.
Oakridge, OR 97463

MTC 29373

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

CERTIFICATE OF DEATH

13164 TAG NO
Local File Number

87-009434
State File Number

Field	Entry
1. DECEASED — NAME (First, Middle, Last)	Everett Wayne JONES
2. DATE OF DEATH (month, day, year)	May 25, 1987
3. RACE	White
4. SEX	Male
5a. AGE — Last birthday (years)	72
6. DATE OF BIRTH (month, day, year)	December 14, 1914
7a. CITY, TOWN OR LOCATION OF DEATH	Oakridge
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	47488 Hansen Street
7c. IF HOSP OR INST Indicate DOA, OP Emer. Rm., Inpatient (specify)	--
7d. COUNTY OF DEATH	LANE
8. STATE OF BIRTH (If not in U.S.A. name country)	Alaska
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. SPOUSE (If married, widowed)	Martha
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes
13. SOCIAL SECURITY NUMBER	541-10-3707
14a. USUAL OCCUPATION	Self Employed Logger
14b. KIND OF BUSINESS OR INDUSTRY	Contract Logging-Private
15a. RESIDENCE — STATE	Oregon
15b. COUNTY	Lane
15c. CITY, TOWN OR LOCATION	Oakridge
15d. STREET AND NUMBER OR R.F.D.	47488 Hansen Street, ZIP 97463
15e. Inside City Limits (specify yes or no)	Yes
16. FATHER — NAME	Cassius A. Jones
17. MOTHER — (Maiden Name)	Eliza Chou
18. INFORMANT — NAME and relationship to deceased	Martha Jones, Wife
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
19b. CEMETERY OR CREMATORY — NAME	Forestvale Memorial Park
19c. LOCATION (city or town, state)	Oakridge, Oregon
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature)	Lillian A. Clement
20b. NAME AND ADDRESS OF FACILITY	Oakridge Funeral Home P.O. Bx 711, Oakridge, Oregon 97463
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	Dieter H. Morich [signature]
21b. DATE SIGNED (Mo., Day, Year)	5/26/88
21c. HOUR OF DEATH	10:00 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER	Dieter H. Morich 677 E. 12th Eugene Ore. 97401
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	RECD
22b. REGISTRAR (Signature)	[signature] deputy
23. PART I (a) IMMEDIATE CAUSE	Advanced bladder cancer
(b) DUE TO, OR AS A CONSEQUENCE OF	
(c) DUE TO, OR AS A CONSEQUENCE OF	
PART II OTHER SIGNIFICANT CONDITIONS	Severe dehydration
24. AUTOPSY (Specify Yes or No)	No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	No
26a. ACCIDENT (Specify Yes or No)	No
26b. DATE OF INJURY	
26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK	
26f. PLACE OF INJURY	
26g. LOCATION	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	YES ☐ NO ☐ N/A ☒
WAS GIFT MADE?	YES ☐ NO ☐ N/A ☒
RESERVED FOR REGISTRAR'S USE	

45-2 Rev 6-86

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 MAR 02 1993

Edward J. Johnson II [signature]
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of May A.D., 19 93 at 2:30 o'clock PM., and duly recorded in Vol. M93, of Deeds on Page 11861.

Evelyn Biehn County Clerk
By Annette Mueller [signature]

FEE $10.00