

67099

K-45604
OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

08-30-93P02:31 RCVD

Vol. m93 Page 21861

83-009452

State of Oregon
 OREGON STATE HEALTH DIVISION
 Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

250-23

State File Number

DECEDENT

IF DEATH
 OCCURRED IN
 INSTITUTION
 SEE HANDBOOK
 REGARDING
 COMPLETION OF
 CERTIFICATE ITEMS

DISPOSITION**CERTIFIER**

CONDITIONS
 IF ANY
 WHICH GAVE
 RISE TO
 BASIC CAUSE
 STATING THE
 UNDERLYING
 CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last Clarence Otto ASH		DATE OF DEATH (month, day, year) 2 May 29, 1983	
1 RACE White, Black, American Indian, etc. (specify) White	4 SEX Male	AGE—Last birthday (years) 70	DATE OF BIRTH (month, day, year) 8 April 14, 1913
CITY, TOWN OR LOCATION OF DEATH Grants Pass		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Josephine Memorial	
STATE OF BIRTH (if not in U.S., name country) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 456-14-1016		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
RESIDENCE—STATE Oregon		SPOUSE (IF MARRIED, WIDOWED) Marjorie	
COUNTY Josephine		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
CITY, TOWN, OR LOCATION Grants Pass		KIND OF BUSINESS OR INDUSTRY Aircraft Company	
STREET AND NUMBER OR R.F.D., ZIP 6380 Tunnel Loop Road		INFORMANT—NAME and relationship to decedent Marjorie Ash - Wife	
FATHER—NAME first middle last George Robert Ash		MOTHER—Name first middle last Iris Wahl	
BURIAL, CREMATION, REMOVAL, MALE (specify) Cremation		CEMETERY OR CREMATORY—NAME Hillcrest Crematory	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Specify) E. M. Lundberg		NAME AND ADDRESS OF FACILITY Lundberg's L. B. Hall, 141 NW "C" St., Grants Pass, Oregon	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated William McCarthy		DATE SIGNED (Mo., Day, Yr) 6/1/83	
21a (Signature) Duane McCarthy		21c DOA 12:41 P.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Duane McCarthy, M.D. 125 NE Manzanita, Grants Pass, OR 97526			
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr) June 2 1983		REGISTRAR Joseph D. Carney	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) CARDIAC ARREST		Interval between onset and death Unknown	
(b) ARTERIO-SCLEROTIC HEART DISEASE		Interval between onset and death 6 hrs	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
DATE OF INJURY (Mo., Day, Yr) 26		HOUR OF INJURY M 26	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26a		LOCATION 26g	
STREET OR R.F.D. NO 26b		CITY OR TOWN 26c	
STATE 26d			

RESERVED FOR REGISTRAR'S USE

Return To: Josephine County Title
 118 NE "C" Street
 Grants Pass, OR 97526

HS-2 (Rev. 1-80)

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.

AUG 29 1986

DATE ISSUED

Joseph D. Carney
 JOSEPH D. CARNEY
 STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 30th day
 of Aug. A.D., 19 93 at 2:31 o'clock P M., and duly recorded in Vol. M93
 of Deeds on Page 21861

Evelyn Biehn, County Clerk
 By *Douglas M. Lundberg*

FEE \$10.00