CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

70807

11-04-93A11:19 RCVD

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

A0305 ID TAG NO.

861259 Local File NUMBER

86-02-2973 State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME (First) Glenn	(Middle) Walter	(Last) BADLEY	2 DATE OF DEATH (month, day, year) December 25, 1986	
3 RACE (White, Black, American Indian, etc.) (specify) White	4 SEX Male	5a AGE — Last birthday (years) 68	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.
6 DATE OF BIRTH (month, day, year) April 25, 1918				
7a CITY, TOWN OR LOCATION OF DEATH Jackson	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) Rogue Valley Medical Center		7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) Inpatient	7d COUNTY OF DEATH Jackson
8 STATE OF BIRTH (If not in U.S.A., name country) Oregon	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Lois	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
13 SOCIAL SECURITY NUMBER 544-01-5852	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employer Owner 019231		14b KIND OF BUSINESS OR INDUSTRY Sawmill	
15a RESIDENCE — STATE Oregon	15b COUNTY Jackson	15c CITY, TOWN OR LOCATION Medford 18	15d STREET AND NUMBER OR R.F.D. 235 S. Oakdale #504 ZIP 97501	15e Inside City Limits (specify yes or no) Yes
16 FATHER — NAME first middle last Walter Badley	17 MOTHER — first middle last (Maiden Name) Nora Lincoln		18 INFORMANT — NAME and relationship to deceased Lois E. Badley - Wife	

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	19b CEMETERY OR CREMATORY — NAME Hillcrest Memorial Park		19c LOCATION (city or town, state) Medford, Oregon	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Beverly Morris	20b NAME AND ADDRESS OF FACILITY Conger-Morris 715 W. Main St., Medford, Oregon 97501			

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

1		
2 153		
3		

21a (Signature) To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. — DATE SIGNED (Mo., Day, Year) 12-29-86 — HOUR OF DEATH 9:30P M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d John C. Ordal, MD 691 Murphy Road Suite 217 Medford, Oregon ZIP 97504

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a DEC 29 1986 — REGISTRAR 22b (Signature) Donna K. Collins

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) COPD — Interval between onset and death Years
DUE TO, OR AS A CONSEQUENCE OF:
(b) (Cigarette smoking) — Interval between onset and death Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) 4169 — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) (Coronary Arteriosclerosis) — AUTOPSY (Specify Yes or No) 24 No — WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No

4 496X			
5 70			
6			

ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e No	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION — STREET OR R.F.D. NO. 26g	CITY OR TOWN / STATE

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

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev 6-86

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 FEB 06 1987

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lois Badley the 4th day of Nov. A.D., 19 93 at 11:19 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 29180.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $10.00

Lois E. Badley, 1707 SE Tempest Dr. #81
Bend, Or. 97702