

CERTIFICATE OF DEATH
10-04-95P03:44 RCVD
Vital Records Unit

Vol. M95 Page 26853

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT
IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
SIGNATURE ITEMS.

POSITION

CERTIFIER

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

**CAUSE OF
DEATH**

Local File Number			State File Number		
DECEASED—NAME			DATE OF DEATH (month, day, year)		
1 <u>Marjorie Marie Nicodemus</u>			2 <u>January 3, 1983</u>		
RACE (White, Black, American Indian, etc. (specify))		SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)
3 <u>White</u>		4 <u>Female</u>	5a <u>66</u>		6 <u>July 13, 1916</u>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		COUNTY OF DEATH	
7a <u>Medford</u>		7b <u>Rogue Valley Hospt.</u>		7c <u>Inpatient</u>	
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 <u>Kansas</u>		9 <u>U.S.A.</u>	10 <u>Married</u>		12 <u>No</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
15 <u>1541-22-1394</u>		14a <u>Homemaker</u>		14b <u>-</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a <u>Oregon</u>		15b <u>Klamath</u>	15c <u>Klamath Falls</u>	15d <u>2451 Corvallis St.</u>	15e <u>No</u>
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased	
16 <u>Earl Sechrist</u>		17 <u>Eura Sidener</u>		18 <u>Bob Nicodemus, Husband</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state	
19a <u>Burial</u>		19b <u>Klamath Memorial Park</u>		19c <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY			
20a <u>[Signature]</u>		20b <u>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</u>			
To be completed by CERTIFYING PHYSICIAN Only		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a (Signature) <u>[Signature]</u>		21b <u>1/6/83</u>		21c <u>5:22 P.</u>	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d <u>Bruce E. Van Zee, M.D., 1025 E. Main Street, Medford, Oregon 97501</u>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e <u>Bruce E. Van Zee, 1025 E. Main St.</u>			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a <u>JAN 7 1982</u>		22b (Signature) <u>[Signature]</u>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
(a) <u>Staphylococcal sepsis</u>				Interval between onset and death <u>Days</u>	
(b) <u>End stage kidney disease</u>				Interval between onset and death <u>2 years</u>	
(c) <u>Polycystic (8 du 14)</u>				Interval between onset and death <u>lifetime</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
23 <u>Atherosclerotic & Hypertensive Cardiovascular Disease</u>					
AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			
24 <u>No</u>		25 <u>No</u>			
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a <u>No</u>		26b <u>-</u>	26c <u>-</u>	26d <u>-</u>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE
26e <u>No</u>		26f <u>-</u>	26g <u>-</u>		
RESERVED FOR REGISTRAR'S USE					

UPON RECORDING, RETURN TO: LESLIE MATLICK 1463 SOUTHWOOD CT SE SALEM, OR 97306

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON HS-2 (Rev. 1/80)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

[Signature]
REGISTRAR, VITAL STATISTICS

DATE Jan 7, 1983 (SEAL)

Return to: NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 4th day of October A.D., 19 95 at 3:44 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 26853.

FEE \$10.00 By Bernetha G. Letsch, County Clerk
Annette Mueller