

39589

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. 1997 Page 18985

200098
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

96-007255

1. DECEASED'S NAME: Harley Jackson		2. SEX: Male		3. DATE OF BIRTH (Month, Day, Year): March 11, 1996	
4. SOCIAL SECURITY NUMBER: 442-76-5190		5. PLACE OF BIRTH (City and State or Foreign Country): Klamath Falls, OR		6. DATE OF BIRTH (Month, Day, Year): August 7, 1964	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? No		8. PLACE OF DEATH (City and State or Foreign Country): Klamath Falls, OR		9. DATE OF DEATH (Month, Day, Year): March 31, 1996	
10. FACILITY NAME (If not available, give street and number): Harle Hunt Medical Center		11. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls		12. COUNTY OF DEATH: Klamath	
13. DECEASED'S USUAL OCCUPATION: Law Enforcement		14. KIND OF DISEASE OR INJURY: The Klamath Tribe		15. MARITAL STATUS (Married, Single, Divorced, Widowed, etc.): Divorced	
16. PRESENCE - STATE: Oregon		17. CITY, TOWN OR LOCATION: Klamath Falls		18. STREET AND NUMBER: 3004 Western Street	
19. ZIP CODE: 97603		20. DECEASED'S EDUCATION: High School		21. DECEASED'S EDUCATION: High School	
22. FATHER'S NAME: Harry Jackson		23. MOTHER'S NAME: Berline Shores		24. DECEASED'S EDUCATION: High School	
25. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		26. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		27. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
28. SIGNATURE OF FUNERAL HOME LICENSED OR PERSON ATTENDING DECEASED: <i>William J. Bennett</i>		29. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		30. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
31. DATE FILED (Month, Day, Year): April 05, 1996		32. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		33. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
34. TIME OF DEATH: 2:16 P M		35. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		36. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
37. DATE SIGNED (Month, Day, Year): April 5, 1996		38. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		39. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: James N. Egge, MD, MB, 2340 Glendale, Klamath Falls, Oregon 97601		41. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		42. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN: James N. Egge, MD, MB, 2340 Glendale, Klamath Falls, Oregon 97601		44. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon		45. DECEASED'S USUAL RESIDENCE: Klamath Falls, Oregon	
46. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE): Head Injury with suspected fracture		47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE): Head Injury with suspected fracture		48. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE): Head Injury with suspected fracture	
49. OTHER SIGNIFICANT CONDITIONS: Impact with moving vehicle		50. OTHER SIGNIFICANT CONDITIONS: Impact with moving vehicle		51. OTHER SIGNIFICANT CONDITIONS: Impact with moving vehicle	
52. MANNER OF DEATH: Accident		53. MANNER OF DEATH: Accident		54. MANNER OF DEATH: Accident	
55. DATE OF DEATH: 03/31/1996		56. DATE OF DEATH: 03/31/1996		57. DATE OF DEATH: 03/31/1996	
58. PLACE OF DEATH: Klamath Falls, Oregon		59. PLACE OF DEATH: Klamath Falls, Oregon		60. PLACE OF DEATH: Klamath Falls, Oregon	

97 JUN 19 P 1:57

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

JUN 18 1997

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Rene Jackson the 19th day of June A.D. 19 97 at 1:57 o'clock P. M. and duly recorded in Vol. 1897 of Needs on Page 18985

Return: Rene Jackson
5703 Maxlan Dr.
KFO 97603

FEE \$10.00

By Bernetha G. Letch, County Clerk
Kathleen Ross