277.13

I.D. TAG NO.

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

MTC 47806MG

Local File Number

136

State File Number

1. DECEDENT'S NAME: First: Burton; Middle: Elsworth; Last: GRAY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 3, 1998
4. SOCIAL SECURITY NUMBER: 544-16-5898
5a. AGE (Last Birthday) (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): East Port, Idaho
7. DATE OF BIRTH (Month, Day, Year): December 5, 1921
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ D.O.A. ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Oregon
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner/Realtor
10b. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Divorced
12. SPOUSE (If Married, Widowed, Divorced): --
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 203 Main Street, #303
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): --
17. FATHER - NAME first middle last: Irving Elsworth Gray
18. MOTHER - NAME first middle maiden: Ethel
19. INFORMANT - NAME and relationship to deceased: Charles Gray - Son
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Eagle Point National Cemetery
20c. LOCATION City or Town, State: Eagle Point, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Donna J. Bailey
21b. OREGON LICENSE NO. (Or Licensee): 0368
22. NAME, ADDRESS AND ZIP OF FACILITY: Rogue Valley Funeral Alternatives, 550 Business Pk. Dr., Medford, OR 97504
23. DATE FILED (Month, Day, Year): NOV 0 6 1998
24. REGISTRAR'S SIGNATURE: Delia Colvin

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:10 PM
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): 11-6-98

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): David Folsom, M.D. 2954 Siskiyou Blvd. Medford, OR 97504

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g., Cardiac or Respiratory Arrest.
PART I
(a) Ruptured Thoracic Aortic Aneurysm — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) High blood pressure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. Was decedent pregnant within past year? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

11-6-98 99 APR 12 AM 11:51

Return to: Jean Gray, 220 Rapp Rd., 40, Talent, OR 97540

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

NOV 0 6 1998

DATE ISSUED: _____

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF KLAMATH: ss.

Filed for record at request of Amerititle the 12th day of April A.D. 1999 at 1:51 o'clock A. M. and duly recorded in Vol M99 of Deeds on Page 13259

Linda Smith, County Clerk

FEE $10.00

by Kathleen Reed