

CERTIFICATION OF VITAL RECORD

258180

I.D. TAG NO.

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

Vol. 138

Vol. M99 Page 21304

Local File Number

1. DECEDENT'S NAME William Paul ROBLE		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 22, 1999	
4. SOCIAL SECURITY NUMBER 533-26-2919		5a. AGE - Last Birthday (Years) 90		5b. Under 1 Year Mos. Days Hours Mins.	
6. BIRTH-PLACE (City and State or Foreign Country) Spokane, WA.		7. DATE OF BIRTH (Month, Day, Year) July 5, 1908			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other			
9b. FACILITY NAME (If not institution, give street and number) Ashland Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Ashland		9d. COUNTY OF DEATH Jackson	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Fire Chief/ Fire Marshal		10b. KIND OF BUSINESS/INDUSTRY Local Fire District		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Doris		13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Medford	
13c. INSIDE CITY LIMITS Yes		13d. ZIP CODE 97501		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		17. College (1-4 or 5+) 12	
17. FATHER - NAME first middle last Otto A. Roble		18. MOTHER - NAME first middle maiden Abbie - Desotell		19. INFORMANT - NAME and relationship to decedent	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other facility) Eagle Point National Cemetery		20c. LOCATION - City or Town, State Eagle Point, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED BY LICENSEE <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Licensee) 3255		22. NAME, ADDRESS AND ZIP OF FACILITY. Conger-Morris Funeral Directors 715 W. Main St. Medford, OR. 97501	
23. DATE FILED (Month, Day, Year) MAR 0 4 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH 7:50 P M	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> 2-25-99	
30. DATE SIGNED (Month, Day, Year) 2-25-99	31. DATE PRONOUNCED DEAD (Month, Day, Year) M
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) 31 DATE SIGNED (Month, Day, Year) COUNTY	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) William Sammons MD 935 Siskiyou Blvd. Suite "A" Ashland, OR. 97520	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. PART (a) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia	
(b) DUE TO, OR AS A CONSEQUENCE OF: COPD	
37. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

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

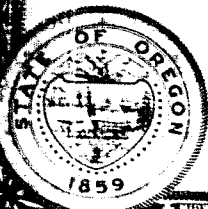
MAR 0 4 1999

DATE ISSUED

THIS COPY NOT VALID WITHOUT AN OREGON STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON



21305

After Recording Return To:

Rae Marie Tellefson
333 Bellevue Way SE #9
Bellevue, WA 98004

State of Oregon, County of Klamath
Recorded 5/28/99, at 3:00 p.m.

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Linda Smith, County Clerk

Fee \$ 15-

Linda Smith

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