FILE # 05049 765

287986
I.D. TAG NO.

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

Vol M99 Page

Local File Number

136-

State File Number

1 DECEDENT'S NAME: First: Isabel; Middle: Harriet; Last: CLAUSON
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): January 20, 1999
4 SOCIAL SECURITY NUMBER: 543-10-0129
5a AGE-Last Birthday (Years): 88
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Walla Walla, WA
7 DATE OF BIRTH (Month, Day, Year): November 22, 1910
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL ☐ Inpatient ☐ E /Outpatient ☐ DOA
9a PLACE OF DEATH (Check only one): OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Hearthstone
9c CITY, TOWN, OR LOCATION OF DEATH: Medford
9d COUNTY OF DEATH: Jackson
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager
10b KIND OF BUSINESS/INDUSTRY: Retail Dress Shop
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12 SPOUSE (If Married, Widowed): Richard
13a RESIDENCE - STATE: Oregon
13b COUNTY: Jackson
13c CITY, TOWN OR LOCATION: Medford
13d STREET AND NUMBER: 1004 Janes Road
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97501
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: Charles Augustus Guse
18 MOTHER - NAME: first middle maiden: Nancy Ruth Cummings
19 INFORMANT - NAME and relationship to deceased: Sol Richard Krueger - Son
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Siskiyou Memorial Park
20c LOCATION - City or Town, State: Medford, Oregon
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Donna J. Bailey
21b OREGON LICENSE NO (Of Licensee): 0363
22 NAME, ADDRESS AND ZIP OF FACILITY: Rogue Valley Funeral Alternatives, 550 Business Pk. Dr., Medford, OR 97504
23 DATE FILED (Month, Day, Year): JAN 25 1999
24 REGISTRAR'S SIGNATURE: Julia Cohron
RESERVED FOR REGISTRAR'S USE

1-25-99

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 4:55 A M
28 WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): S Nelson MD
30 DATE SIGNED (Month, Day, Year): 1/21/99

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)
33 DATE SIGNED (Month, Day, Year) COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Stephen L. Nelson, M.D., 2900 Doctors Park Dr. 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

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Pneumonia — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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: CHF, DM II, CAD
37 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ Unknown ☒ No
38 AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ 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: M
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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY

RESERVED FOR REGISTRAR'S USE:

ORIGINAL-VITAL STATISTICS COPY

452 Rev 5/98

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

DATE ISSUED: JAN 25 1999

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

22452

State of Oregon, County of Klamath
Recorded 6/07/99, at 3:36 p.m.
In Vol. M99 Page 22451
Linda Smith, County Clerk
Fee $ 15.00

Linda Smith

642673