

CERTIFICATION OF VITAL RECORD

PERMANENT INK

215281 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS 136- CERTIFICATE OF DEATH

18483 State File Number

Local File Number

1. DECEASED'S NAME: Neal Stuart WADLEY; 2. SEX: Male; 3. DATE OF DEATH: May 18, 1996; 4. SOCIAL SECURITY NUMBER: 541-36-0017; 5a. AGE-Last Birthday: 64; 6. BIRTHPLACE: Alhambra CA; 8. WAS DECEASED EVER IN U.S. ARMED FORCES?: No; 9a. PLACE OF DEATH: HOSPITAL; 9b. FACILITY NAME: 383 Oxford; 9c. CITY, TOWN, OR LOCATION OF DEATH: Ashland; 9d. COUNTY OF DEATH: Jackson; 10a. DECEASED'S USUAL OCCUPATION: Teacher; 10b. KIND OF BUSINESS/INDUSTRY: Education; 11. MARITAL STATUS: Married; 12. SPOUSE: Judith; 13a. RESIDENCE - STATE: Oregon; 13b. COUNTY: Jackson; 13c. CITY, TOWN OR LOCATION: Ashland; 13d. STREET AND NUMBER: 383 Oxford; 14. WAS DECEASED OF HISPANIC ORIGIN?: No; 15. RACE: White; 18. DECEASED'S EDUCATION: Elementary/Secondary (0-12); 17. FATHER: Malcolm K. Wadley; 18. MOTHER: Thelma Hull; 19. INFORMANT: Judith Iams Wife; 20a. METHOD OF DISPOSITION: Cremation; 20b. LOCATION: Ashland, Oregon; 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]; 21b. LICENSE NUMBER: 3360; 22. NAME, ADDRESS AND ZIP OF FACILITY: Simonsen Funeral Home, 1811 Ashland St., Ashland, OR 97520; 23. DATE FILED: MAY 24 1996; 24. REGISTRAR'S SIGNATURE: Felia Coburn; 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?: No; 26. WAS GIFT MADE?: No.

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27. TIME OF DEATH: 4:45 P.M. M; 28. WAS MEDICAL EXAMINER NOTIFIED?: Yes; 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature: Allen Johnson); 30. DATE SIGNED: 5-22-96; 31. TIME OF DEATH: 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: COUNTY; 34. NAME/TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Allen Johnson, MD, 628 N. Main, Ashland, OR 97520; 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: [None]

36. IMMEDIATE CAUSE: (a) Pancreatic carcinoma; (b) DUE TO, OR AS A CONSEQUENCE OF:; (c) DUE TO, OR AS A CONSEQUENCE OF:; PART II OTHER SIGNIFICANT CONDITIONS - Considered contributing to death but not resulting in the underlying cause given in PART I.; 37. Did tobacco use contribute to the death?: No; 38. AUTOPSY: No; 39. If YES were findings considered in determining cause of death?: No; 40. MANNER OF DEATH: Natural; 41a. DATE OF INJURY:; 41b. TIME OF INJURY:; 41c. INJURY AT WORK?: No; 41d. DESCRIBE HOW INJURY OCCURRED:; 41e. PLACE OF INJURY:; 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/84

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MAY 24 1996

DATE ISSUED: _____

[Signature] HENRY COLLINS, JR. COUNTY REGISTRAR JACKSON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE