CERTIFICATION OF VITAL RECORD

105398 **OREGON STATE HEALTH DIVISION**
VITAL STATISTICS SECTION BOOK 110 PAGE 2

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

81-018607

811006
Local File Number

1. DECEDENT — Name: John Clarence HIGGINBOTHAM
2. Date of Death: November 24, 1981
3. Race: White
4. Sex: Male
5a. Age: 73
6. Date of Birth: January 19, 1908
7. City, Town or Location of Death: Medford
8a. Hospital or Other Institution: 1475 Bluebonnet Street
8b. If Hosp or Nsg Home, DOA or Other Place?
8c. County of Death: Jackson
9. State of Birth: Oregon
10. Citizen of What Country: USA
11. Married, Never Married, Widowed, Divorced: Married
12. Spouse: Evelyn L.
13. Was Deceased Ever in U.S. Armed Forces?: No
14. Social Security Number: 540-09-5492
15a. Usual Occupation: Retired Foreman
15b. Kind of Business/Industry: Lumber Mill
16. Residence — State: Oregon
16a. County: Jackson
16b. City, Town, or Location: Medford
16c. Street and Number or R.F.D.: 1475 Bluebonnet Street
16d. Inside City Limits?: Yes
17. Father: George Higginbotham
18. Mother: Dolly Taylor
19. Informant: Evelyn L. Higginbotham Wife

DISPOSITION

20a. Burial
20b. Cemetery or Crematory: Hillcrest Memorial Park
20c. Location: Medford, Oregon
21. Funeral Service Licensee: Beverly L. Morris
22. Name and Address of Facility: Conger-Morris 715 N. Main Street, Medford, Oregon 9750
23. Date Pronounced Dead: Dec 2 1981
24. Hour of Death: 7:10 P.
25. Name and Address of Certifier: M. Donald Mc Geary, M.D. 2960 Doctors Park Drive, Medford, Oregon 97501
26. Name of Attending Physician if Other than Certifier:

CERTIFIER

27. Date Received by Registrar: DEC 2 1981
28. Registrar: Jay Millard

CAUSES OF DEATH

29. IMMEDIATE CAUSE (Enter One Cause Per Line for (a), (b), and (c).)
PART I (a) Pneumonia
Due to, or as a consequence of: (b) Carcinoma
Due to, or as a consequence of: (c) Carcinoma of the colon
Interval between onset and death: (a) 41 hrs. (b) 1 year (c) 8 months

PART II. Other Significant Conditions — Conditions contributing to death but not related to cause given in PART I (a).
30. Autopsy?: No
31. Was Medical Examiner Notified?: Yes

32. Accident?: No
32a. Date of Injury:
32b. Hour of Injury:
32c. Describe How Injury Occurred:
33. Injury at Work?: NO
33a. Place of Injury — At Home, Farm, Street, Factory, Office Building, etc.:
33b. Location — Street or R.F.D. No. / City or Town / State:

34. Reserved for Registrar's Use

MS-2 (Rev 1-80)

JUL 1968
2:15 P.M.
RECEIVED
SKAMANIA COUNTY
AUDITOR
STEVENSON, WASH.

FILED FOR SKAMANIA CO. TITLE

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

DATE ISSUED JUN 23 1988

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE