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28-3332

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg No. 60
Reg Dist No. 40

RECEIVED SEP 26 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Minidoka — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert — c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Idaho b. COUNTY Minidoka — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert — c. STREET ADDRESS (If rural, give location) Route 3,1050 north 100 east

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 3,1050 north 100east

3. NAME OF DECEASED (Type or Print) (a. First) DELIA (b. Middle) (c. Last) LACEY

4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1972

5. SEX Female — 6. COLOR OR RACE White — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH Dec 1 1892 — 9. AGE (In years last birthday) 79 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dublin Ireland — 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Tom McGovern — BIRTHPLACE Dublin Ireland

14. MOTHER'S MAIDEN NAME Mary Clark — BIRTHPLACE Dublin Irelain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No — (If yes, give dates of service) None

16. SOCIAL SECURITY NO. 540 44 2869D

17. INFORMANT'S OWN SIGNATURE Mary Lacey Frey — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10m minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclrosis , several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) at home — 21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Minidoka County (STATE) Idaho

21d. TIME OF INJURY (Month) Sept (Day) 15 (Year) 1972 (Hour) 3 A.M. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21f. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from did nolt see alive, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE Robert E Walk (Degree or title) Coroner — 23b. ADDRESS 710 6th street, Rupert Idaho — 23c. DATE SIGNED 9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 24b. DATE 9-17-72 — 24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery — 24d. LOCATION (City, town, or county) (State) Klamath Falls Oregon

25. EMBALMER Robert E Walk — LICENSE NO. M 294

DATE REC'D BY LOCAL REG. 9-22-72 — REGISTRAR'S SIGNATURE Mary Edna Barbour — FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-03021

State of Idaho . . . . . }
County of Ada . . . . . }

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Environmental Protection and Health under Title 39, Idaho Code.

SEP 27 1972
Date Issued

Janet M. Weeks
State Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO

this 14th day of November A. D., 1972 at 10;58 o'clock A M., and duly recorded in Vol. M 72, of DEEDS on Page 13154

WM. D. MILNE, County Clerk
By Hazel Brazil

FEE $ 2.00