8009-A

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

STATE FILE NUMBER 8009 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH MONTH DAY YEAR	2b. HOUR
Thomas	Gordon	HYDE	January 8, 1974	11:00 P

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR (MONTHS) (DAYS) IF UNDER 24 HOURS (HOURS) (MINUTES)
Male	Caucasian	Arkansas	June 6, 1920	53 YEARS

8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
HARVEY H. HYDE	LOUISIANA	PEARL GRAVILLE	ARKANSAS

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	437-01-1554	Married	Wilma Dellinger

14. LAST OCCUPATION	15. NUMBER OF YEARS IN OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY OR BUSINESS
DEPUTY SHERIFF	2	KLAMATH CO. SHERIFF'S OFFICE	LAW ENFORCEMENT

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Naval Hospital	Park Blvd.	Yes

18d. CITY OR TOWN	18e. COUNTY	18f.	18g.
San Diego	San Diego	4 Mo. (YEARS)	4 Mo. (YEARS)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
2461 Orchard Way	YES	Wilma Hyde (spouse) 8481 Beaver Lake Dr. San Diego, California 92119

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Klamath Falls	KLAMATH	Oregon

21a. CORONER	21b. PHYSICIAN	21c. SIGNATURE OF CORONER	21d. DATE SIGNED
	FROM 9/13/73 TO 1/8/74 AND/OR CONSULTED 1/8/74	Charles J. Broadhead	9 Jan 1974

21e. ADDRESS C.L. BROADHEAD, JR., CDR MC USN NavHospital, SDiego, Calif. C26436

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER (SIGNATURE) (LICENSE NUMBER)
BURIAL	1-11-74	EL CAMINO MEMORIAL PARK	Glenn Bradshaw 2547

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. LICENSE NUMBER OF FUNERAL DIRECTOR	27. LOCAL REGISTRAR (SIGNATURE)	28. DATE ACCEPTED FOR REGISTRATION
LEWIS COLONIAL MORTUARY	No	[illegible]	JAN 10 1974

29. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CANCER, LUNG WITH METASTASES	
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST	(B) DUE TO, OR AS A CONSEQUENCE OF	
	(C) DUE TO, OR AS A CONSEQUENCE OF	

30. PART II. OTHER SIGNIFICANT CONDITIONS	31. WAS OPERATION PERFORMED FOR ANY CONDITION STATED IN ITEM 29 OR WITHIN 4 WEEKS PRIOR TO DEATH?	32a. WAS AUTOPSY PERFORMED?	32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?
	BIOPSY/OPERATION	Yes	No

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	35. INJURY AT WORK	36a. DATE OF INJURY MONTH DAY YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b.	37c.	37d.

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN DEATH, BUT BRIEFLY DESCRIBE NATURE OF INJURY IN ITEM 37)

A	B	C	D	E	F

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY., SAN DIEGO, CA 92101
DIRECTOR

FEE PAID: $2.00

DATED: JUN 17 1974

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Grace Katt

this 17th day of May A. D., 19 74 at 3:05 o'clock P M., and duly recorded in Vol. M-74, of Deed on Page 6191

Fee $2.00

WM. D. MILNE, County Clerk

By Deanna Cowan Deputy

$2.00

Grace Katt
2141 White St City