4757 Vol. M75 Page 10796

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STATE OF OREGON–STATE HEALTH DIVISION
Vital Statistics Section

'75-010525

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED–NAME First: NANCY	Middle: IZOLA	Last: O'KEEFFE			2. DATE OF DEATH (month, day, year): July 23, 1975	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE–last birthday (years): 69	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): August 18, 1905	
7a. COUNTY OF DEATH: Deschutes	7b. CITY, TOWN, OR LOCATION OF DEATH: Highway 97	7c. Inside City Limits (specify yes or no): NO	7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): –			
8. STATE OF BIRTH (if not in U.S.A., name of country): Oregon	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11. NAME OF SPOUSE: Benjamin O'Keeffe			
12. SOCIAL SECURITY NUMBER: 540-78-8184	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	13b. KIND OF BUSINESS OR INDUSTRY: Home				
14a. RESIDENCE–STATE: Oregon	14b. COUNTY: Lake	14c. CITY, TOWN, OR LOCATION: Silver Lake	14d. Inside City Limits (specify yes or no): NO	14e. STREET AND NUMBER OR RFD: Box 134		
15. FATHER–NAME first middle last: Benjamin Ausmus	16. MOTHER–Maiden Name first middle last: Lillian Luddella Standly	17. INFORMANT–Name and relationship to deceased: Eileen McVicker, Daughter				

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

18. Immediate Cause
(a) Traumatic head and chest injuries — seconds
due to, or as a consequence of:
(b)
due to or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) | 19a. AUTOPSY (yes or no): no | 19b. IF YES were findings considered in determining cause of death

20a. DATE OF INJURY (month, day, year): 7-23-75	20b. HOUR: 10:30 A.M.	20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Driver in 2 car collision	
20d. INJURY AT WORK (specify yes or no): NO	20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify): highway 97	20f. LOCATION (street or R.F.D. No., city or town, county, state): 2 miles north of Sunriver condominium on Hwy 97	09

MEDICAL INVESTIGATOR

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 10:30 A.M.	21b. THE DECEDENT WAS PRONOUNCED DEAD month / day / year / hour: 7-23-75 10:30 A.M.	21c. FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐	
22a. CERTIFIER–SIGNATURE: David S. Spence, MD		22b. NAME–(type or print): David S. Spence M.D.	Degree or Title
23. MEDICAL INVESTIGATOR: FOR: Deschutes COUNTY		DATE SIGNED (month, day, year): July 31, 1975	

CERTIFIER

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY–NAME: Burns Cemetery	24c. LOCATION city or town: Burns	state: Oregon	24d. DATE (month, day, year): 7-29-75
25a. FUNERAL DIRECTOR–SIGNATURE: Robert D. Salladay	25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Salladay Funeral Home, 332 W. Monroe, Burns, Ore. 97720			
26a. REGISTRAR–SIGNATURE: Carola Harrison, deputy	26b. DATE RECEIVED BY LOCAL REGISTRAR: July 31, 1975	27. DATE RECEIVED BY STATE REGISTRAR: AUG 11 1975		
28. RESERVED FOR REGISTRAR'S USE				

VS-107 REV. - 2-73

ORIGINAL–VITAL STATISTICS COPY

STATE OF OREGON
ss.
County of Multnomah

DATE ISSUED September 9 1975

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong & Sisemore

this 11 day of Sept A. D., 1975 at 2:06 o'clock P M., and duly recorded in Vol. M 75, of deed on Page 10796.

3.00

WM. D. MILNE, County Clerk

By Carolyn Burke Deputy