

6458

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

Vol. 75 Page 13256

## CERTIFICATE OF DEATH

|   |  |   |  |
|---|--|---|--|
| DECEASED—NAME<br>First Middle Last<br>Harriet Adele Scheck  |  | DATE OF DEATH (month, day, year)<br>May 22, 1974  |  |
| RACE (White, Negro, American Indian, etc. (specify))<br>White   |  | DATE OF BIRTH (month, day, year)<br>July 3, 1906  |  |
| SEX<br>4. Female  |  | AGE—Last birthday (years)<br>5a. 67   |  |
| COUNTY OF DEATH<br>7a. Jackson  |  | CITY, TOWN, OR LOCATION OF DEATH<br>7b. Medford   |  |
| STATE OF BIRTH (If not in U.S., name country)<br>8. Michigan  |  | CITIZEN OF WHAT COUNTRY<br>9. USA   |  |
| SOCIAL SECURITY NUMBER<br>12. 544-50-5301   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)<br>10. Married  |  |
| RESIDENCE—STATE<br>14a. Oregon  |  | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)<br>7d. Rogue Valley Memorial Hospital |  |
| COUNTY<br>14b. Jackson  |  | NAME OF SPOUSE<br>11. Wallace Scheck  |  |
| CITY, TOWN, OR LOCATION<br>14c. Medford   |  | KIND OF BUSINESS OR INDUSTRY<br>13b. U. S. Government   |  |
| FATHER—NAME first middle last<br>15. Bert North   |  | STREET AND NUMBER OR R.F.D.<br>14d. No 3955 S. Stage Rd.  |  |
| MOTHER—Maiden Name first middle last<br>16. Pearl Frazee  |  | INFORMANT—NAME and relationship to deceased<br>17. Wallace Scheck—Husband   |  |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))  |  |   |  |
| 18. Immediate cause<br>(a) <i>Coronary atherosclerosis</i><br>(b) <i>Ca lxxx</i><br>(c) <i>Wt</i>   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)  |  |   |  |
| 19a. NO 19b. IF YES were findings considered in determining cause of death  |  |   |  |
| 20. ACCIDENT (specify yes or no) 20a. NO DATE OF INJURY (month, day, year) 20b. 6/18/73 HOUR 20c. 5:21/74 HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. did not   |  |   |  |
| 21. INJURY AT WORK (specify yes or no) 21a. NO PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 21b. 691 Murphy Rd., Suite 106, Medford, Ore. 97501 LOCATION (street or R.F.D. No., city or town, county, state) 21c. Medford, Oregon |  |   |  |
| 22. PHYSICIAN—SIGNATURE 22a. <i>R. K. Gundry M.D.</i> NAME (type or print) 22b. R. K. Gundry, M.D. degree or title 22c. 5/29/74 DATE SIGNED (month, day, year)  |  |   |  |
| 23. MAILING ADDRESS—PHYSICIAN 23a. <i>R. K. Gundry</i> 23b. 691 Murphy Rd., Suite 106, Medford, Ore. 97501  |  |   |  |
| 24. BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial CEMETERY OR CREMATORY—NAME 24b. Memo y Gardens LOCATION city or town 24c. Medford, Oregon DATE (mo., day, year) 24d. 5-24-1974  |  |   |  |
| 25. FUNERAL DIRECTOR—SIGNATURE 25a. <i>Charles R. Sullivan</i> 25b. Memory Gardens Funeral Home 1395 Arnold Lane Medford Ore.   |  |   |  |
| 26. REGISTRAR—SIGNATURE 26a. <i>Charles R. Sullivan</i> 26b. 5/30/74 DATE RECEIVED BY LOCAL REGISTRAR DATE RECEIVED BY STATE REGISTRAR  |  |   |  |
| 27. RESERVED FOR REGISTRAR'S USE  |  |   |  |

VS-2 R-69

Date 6/6, 1974

Void if Altered

By *Charles R. Sullivan*  
Registrar, Vital Statistics

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Jackson County Health Department.

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

Mail to:

3955 S. Stage Rd., Medford, Oregon

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WALLACE SHECK

this 23rd day of OCTOBER A.D. 1975 at 10:57 o'clock A.M., and duly recorded in

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on Page 13256

FEE \$ 3.00

By *Wm. D. Milne* Deputy  
WM. D. MILNE, County Clerk

75 OCT 23 PM 4 15

2. In the event of taxation for state or local shall bear and pay lawful or if the provisions or provisions Trust with in