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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M 75 Page 14462

CERTIFICATE OF DEATH

406
Local File Number

State File Number

DECEASED

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Edna Bette Hancox
2. DATE OF DEATH (month, day, year)	December 10, 1970
3. RACE White, Negro, American Indian, etc. (specify)	white
4. SEX	female
6. DATE OF BIRTH (month, day, year)	March 8, 1916
7a. COUNTY OF DEATH	Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls
7c. Inside City Limits (specify yes or no)	yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	P.I.Hospital
8. STATE OF BIRTH (If not in U.S.A., name country)	Ohio
9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	married
11. NAME OF SPOUSE	Edward J Hancox
12. SOCIAL SECURITY NUMBER	---
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	housewife
13b. KIND OF BUSINESS OR INDUSTRY	home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

Field	Entry
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Bly
14d. Inside City Limits (specify yes or no)	no
14e. STREET AND NUMBER OR R.F.D.	Box 27
15. FATHER—NAME (first, middle, last)	John H Huish
16. MOTHER—Maiden Name (first, middle, last)	unknown
17. INFORMANT—NAME and relationship to deceased	Edward J Hancox husband

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Immediate cause (a) Carcinomatosis (Ovarian) — approximate interval between onset and death: months

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. ACCIDENT (specify yes or no) | 20b. DATE OF INJURY (month, day, year) | 20c. HOUR M. | 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

20e. INJURY AT WORK (specify yes or no) | 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | 20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Sept 11 '70 to Dec 10 70. And Last Saw Him/Her Alive on: Dec 9 '70. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour) 1 AM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Raymond Tice

22b. NAME (type or print), degree or title: Raymond Tice M.D.

22c. DATE SIGNED (month, day, year): Dec. 10, 1970

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Bldg Klamath Falls, Oregon

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial

24b. CEMETERY OR CREMATORY—NAME: Forst Grove

24c. LOCATION (city or town, state): Forest Grove Oregon

24d. DATE (mo., day, year): Dec. 11,197

25a. FUNERAL DIRECTOR—SIGNATURE: Keith O'Hair

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel Klamath Falls Oregon

26a. REGISTRAR—SIGNATURE: Maureen Ackerman

26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1970

27. DATE RECEIVED BY STATE REGISTRAR: DEC 29 1970

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED JAN 5 1971

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 Board of Health and in my official care and custody.

STATE REGISTRAR

Return to Mr. Hancox
Box 64
Bly, Oregon

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of EDWARD J. HANCOX

this 17th day of NOVEMBER A. D., 19 75 at 2:57 o'clock P M., and duly recorded in

Vol. M 75 of DEEDS on Page 14462

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy