

THURSTON-MASON DISTRICT HEALTH CENTERS

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THURSTON-MASON DISTRICT HEALTH CENTERS

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED - NAME		JULIA K. CLAREY		DATE OF DEATH - MONTH, DAY, YEAR	
FEMALE		April 16, 1976			
RACE - WHITE, NEGRO, AMERICAN INDIAN, OR OTHER SPECIFY		White		AGE - YEARS, MONTHS, DAYS	
67				DATE OF BIRTH - MONTH, DAY, YEAR	
JUN 4, 1908		Mason			
CITY, TOWN, OR LOCATION OF DEATH		Shelton		HOSPITAL OR OTHER INSTITUTION - NAME, STREET AND NUMBER	
Yes		Mason General Hospital			
STATE OF BIRTH - STATE, TERRITORY, OR COUNTRY		Alabama		MARRIED - NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	
USA		Married		SURVIVING SPOUSE - NAME, STREET AND NUMBER	
SOCIAL SECURITY NUMBER		564-01-2488		Walter W. Clarey	
USUAL OCCUPATION - GIVE KIND OF WORK DONE DURING LAST YEAR		Institution Cook		KIND OF BUSINESS OR INDUSTRY	
Hospitals					
RESIDENCE - STATE, COUNTY, CITY, TOWN, OR LOCATION		Washington, Mason, Shelton		STREET AND NUMBER	
Rt #5 Box 136					
FATHER - NAME, FIRST, MIDDLE, LAST		Edwin W. Kennedy		MOTHER - NAME, FIRST, MIDDLE, LAST	
Mary Fannie Hicks					
INFORMANT - NAME		Walter W. Clarey		MAILING ADDRESS	
Rt #5 Box 136 Shelton, Wash 98584					
PART I - DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100			
(a) Cardiorespiratory arrest		3 days			
(b) Dehydration		3 days			
(c) Metastatic Ovarian Sarcoma					
PART II - OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED IN PART I		AUTOPSY - YES, NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY - MONTH, DAY, YEAR		HOW INJURY OCCURRED - ENTER NATURE OF INJURY IN PART I	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION - STREET OR R.F.D. NO., CITY OR TOWN, STATE	
CERTIFICATION - PHYSICIAN		MONTH, DAY, YEAR		AND LAST SAW HIM - HER ALIVE ON	
MARCH 30, 1976		APRIL 16, 1976		APRIL 15, 1976	
CERTIFICATION - CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN HIS OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		HOUR OF DEATH		THE DELEGATE WAS PROMINENTLY HEARD	
M.B. Gavin M.D.		SIGNATURE		DATE SIGNED - MONTH, DAY, YEAR	
1669 N. 13th Shelton, Wash 98584		MICHAEL B. GAVIN		APRIL 16, 1976	
BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN, STATE	
Removal-Burial		Klamath Mem. Park		Klamath Falls, Oregon	
DATE		FURNERAL HOME - NAME AND ADDRESS		CITY OR TOWN, STATE	
APR 16, 1976		O'Hares Funeral Chapel		515 Pine St Klamath Falls, Ore	
FURNERAL DIRECTOR - SIGNATURE		REGISTRAR - SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
APRIL 16, 1976		APRIL 16, 1976			

This is to certify that the foregoing is a true, full, and correct copy of the original certificate

death of JULIA K. CLAREY temporarily on file in this office.

RET: WALTER W. CLAREY

2214 CABIE ST.

KLAMATH FALLS, ORES. By

97601

Shelton

Wash., April 21

19 76

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of April A.D., 1976 at 2:15 o'clock P.M., and duly recorded in Vol. M-76 of Deed on Page 6097.

FEE \$3.00

WM. D. MILNE, County Clerk

By Hazel Wagon Deputy