

13307

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Vol. 76 Page 6536

CERTIFICATE OF DEATH

State File Number

1. DECEASED - NAME First Middle Last Hazel A. Deboy		2. DATE OF DEATH (month, day, year) August 8, 1974	
3. RACE White		4. SEX Female	
5. AGE - Last birthday (years) 62		6. DATE OF BIRTH (month, day, year) December 28, 1911	
7. COUNTY OF DEATH Lane		8. CITY, TOWN, OR LOCATION OF DEATH Eugene	
9. STATE OF BIRTH (If not in U.S.A., name country) California		10. CITIZEN OF WHAT COUNTRY USA	
11. SOCIAL SECURITY NUMBER 555-30-0577		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
13. RESIDENCE - STATE Oregon		14. CITY, TOWN, OR LOCATION Merrill	
15. FATHER - NAME Earl Adams		16. MOTHER - Maiden Name Anna English	
17. INFORMANT - NAME and relationship to deceased Lloyd E. Deboy - husband		18. STREET AND NUMBER OR R.F.D. 438 N. Garfield	
19. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
20. (a) <u>Acute myocardial infarction</u> 2 days			
(b) <u>arteriosclerotic coronary vascular disease</u> years			
(c) <u>Calcific aortic stenosis - congenital</u> 8/6/74 aortic valve replacement			
21. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) AUTOPSY (yes or no) IF YES were findings considered in determining cause of death			
22. ACCIDENT (specify yes or no) DATE OF INJURY (month, day, year) HOUR HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)			
23. 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, county, state)			
24. CERTIFICATION - PHYSICIAN: I attended the deceased from: month day year month day year And Last Saw Him/Her Alive on: month day year I Did/Did Not view the body after death (specify)			
25. DEATH OCCURRED (hour) at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.			
26. PHYSICIAN - SIGNATURE NAME (type or print) degree or title DATE SIGNED (month, day, year)			
27. MAILING ADDRESS - PHYSICIAN street city or town state zip			
28. BURIAL, CREMATION, REMOVAL, MAUS. (specify) CEMETERY OR CREMATORY - NAME LOCATION city or town state DATE (mo., day, year)			
29. FUNERAL DIRECTOR - SIGNATURE FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)			
30. REGISTRAR - SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR DATE RECEIVED BY STATE REGISTRAR			
31. RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON

COUNTY OF Lane

Date August 21, 1974

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

(SEAL)

A. K. Fottle Director
Registrar of Vital Statistics

By Evelyn Powers, Deputy

Return to:
Lloyd Deboy
PO Box 467 Merrill, OR
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of May A.D., 1976 at 3:18 o'clock P.M., and duly recorded in Vol. M 76 of Deeds on Page 6536.

FEE 3.00

WM. D. MILNE, County Clerk
By Hazel Mazie Deputy