31979

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

212
Local File Number

CERTIFICATE OF DEATH

'77 JUL 5 PM 12 37

Vol. M77 Page 11767

State File Number

DECEASED

1. DECEASED-NAME First: Alice Middle: Leora Last: McCready
2. DATE OF DEATH (month, day, year): June 29, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE-Last birthday (years): 56
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): December 29, 1920
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Leroy McCready
12. SOCIAL SECURITY NUMBER: 543-20-2093
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: -

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

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 526

15. FATHER-NAME first middle last: Leo LaChappelle
16. MOTHER-Maiden Name first middle last: Alice Harrison
17. INFORMANT-NAME and relationship to deceased: Leroy McCready, Husband

CAUSE

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

18. Immediate cause (a): Respiratory Arrest — approximate interval between onset and death: minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): Advanced Chronic Obstructive Pul. Disease — approximate interval between onset and death: 15 yrs
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
1. Rt. sided CHF, Secondary Uremia (chronic)
2.
3.

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: November 27, 1967 (month day year) to June 29, 1977 (month day year) And Last Saw Him/Her Alive on: 6-28-77 (month day year) I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour): 7:50 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN-SIGNATURE: Kenneth K. Magee
22b. NAME (type or print): Kenneth K. Magee degree or Title: M.D.
22c. DATE SIGNED (month, day, year): JUN 30 1977
23. MAILING ADDRESS-PHYSICIAN street city or town state zip: Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Removal
24b. CEMETERY OR CREMATORY-NAME: U.of O. Medical School
24c. LOCATION city or town state: Portland, Oregon
24d. DATE (mo., day, year): 7-1-77
25a. FUNERAL DIRECTOR-SIGNATURE: Mike O'Hair
25b. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR-SIGNATURE: Marian Tolbert
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 30 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

Le Roy McCready
P.O. Box 526
Bly Ore 97622

VS-2 R-69

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

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Tolbert, Deputy Registrar
Date JUL 1 1977 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of JULY A.D., 1977 at 12:37 o'clock P.M., and duly recorded in Vol. M77, of DEEDS on Page 11767.

FEE $3.00

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