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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 JUL 25 PM 3 11

'75-018905

435
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: FLORENCE	Middle: ADA	Last: STARK				2. DATE OF DEATH (month, day, year): December 23, 1975
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—Last birthday (years): 69	5b. Under 1 year: mos. / days	Under 1 day: hours / min.		6. DATE OF BIRTH (month, day, year): May 16, 1906
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Michigan	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married				11. NAME OF SPOUSE: Jack Stark
12. SOCIAL SECURITY NUMBER: 381 - 12 - 8724	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife					13b. KIND OF BUSINESS OR INDUSTRY: Homemaking
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Keno X	14d. Inside City Limits (specify yes or no): No			14e. STREET AND NUMBER OR R.F.D.: PO Box 23
15. FATHER—NAME first middle last: John VanDam	16. MOTHER—Maiden Name first middle last: Mary Coon					17. INFORMANT—NAME and relationship to deceased: Jack Stark - Husband

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

		Approximate interval between onset and death
18. Immediate cause	(a) Cardio-pulmonary decompensation	1 hr.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) Carcinoma breast Metastatic to lungs	1 yr.
	due to, or as a consequence of: (c) Carcinoma breast	30 mo.

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PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Metastatic Carcinoma Skin, Liver, Bone

19a. AUTOPSY (yes or no): NO — 19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): NO	20b. DATE OF INJURY (month, day, year)	20c. HOUR	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)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 7-29-75 to month day year 12-23-75 And Last Saw Him/Her Alive on: month day year 12-23-75 I (Did/Did Not) view the body after death (specify): did not DEATH OCCURRED (hour): 7:30 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Fletcher F. Conn, M.D. — 22b. NAME (type or print) degree or Title: Fletcher F. Conn M.D. — 22c. DATE SIGNED (month, day, year): 12-24-75

23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 1905 Main St. Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town / state	24d. DATE (mo., day, year)
Cremation	Eternal Hills Mem. Gar.	Klamath Falls, Oregon	Dec. 29, 1975

25a. FUNERAL DIRECTOR—SIGNATURE: Lemo R Leland — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601 Klamath Falls,

26a. REGISTRAR—SIGNATURE: Marian J. Shuman — 26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1975 — 27. DATE RECEIVED BY STATE REGISTRAR: JAN 05 1976

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RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

DATE ISSUED JANUARY 22 1976

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to Jack H Stark
PO Box 23
Keno, Ore.

STATE REGISTRAR
Marian J. Shuman

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25 day of July A.D., 19 77 at 3:11 o'clock P M., and duly recorded in Vol M 77, of Deeds on Page 13176.

FEE $3.00

WM. D. MILNE, County Clerk
By Pat McCullough Deputy