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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 77 Page 14844

Local File Number

# CERTIFICATE OF DEATH

State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME First: Maxine | Middle: Bernice | Last: Zysett | | 2. DATE OF DEATH (month, day, year): August 25, 1976 | |
| 3. RACE White, Negro, American Indian, etc. (specify): White | 4. SEX: Female | 5a. AGE—Last birthday (years): 41 | Under 1 year: 5b. mos. / days | Under 1 day: 5c. hours / min. | 6. DATE OF BIRTH (month, day, year): September 9, ~~1935~~ 1934 |
| 7a. COUNTY OF DEATH: Lane | 7b. CITY, TOWN, OR LOCATION OF DEATH: Eugene | Inside City Limits (specify yes or no): 7c. Yes | | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Sacred Heart Hospital | |
| 8. STATE OF BIRTH (If not in U.S.A., name country): Missouri | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | | 11. NAME OF SPOUSE: Delmar Zysett | |
| 12. SOCIAL SECURITY NUMBER: 543-36-8210 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Beautician | | | 13b. KIND OF BUSINESS OR INDUSTRY: Self Employed | |
| 14a. RESIDENCE—STATE: Oregon | 14b. COUNTY: Lane | 14c. CITY, TOWN, OR LOCATION: Dexter | Inside City Limits (specify yes or no) 14d. | 14e. STREET AND NUMBER OR R.F.D.: 82450 Rattlesnake Rd. | |
| 15. FATHER—NAME first middle last: Judson T. Morrison | 16. MOTHER—Maiden Name first middle last: Frances E. Carriker | | | 17. INFORMANT—NAME and relationship to deceased: Delmar Zysett (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) | Brain metastasis | 2 mos |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b) | Carcinoma of breast | 5 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)

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

| | | | |
|---|---|---|---|
| ACCIDENT (specify yes or no) 20a. | DATE OF INJURY (month, day, year) 20b. | HOUR 20c. M. | HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. |
| INJURY AT WORK (specify yes or no) 20e. | PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. | LOCATION (street or R.F.D. No., city or town, county, state) 20g. | |

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 8/26/1971 to month day year 8/25/1976

And Last Saw Him/Her Alive on: month day year 8/25/76

I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour) 11:20 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21.

| | | | |
|---|---|---|---|
| PHYSICIAN—SIGNATURE 22a. James L. Murdock MD | NAME (type or print) 22b. James L. Murdock | degree or Title M.D. | DATE SIGNED (month, day, year) 22c. Aug. 30, 1976 |
| MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip) 23. 132 E. Broadway Eugene, Oregon | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial | CEMETERY OR CREMATORY—NAME 24b. Springfield Memorial | LOCATION (city or town / state) 24c. Springfield, Oregon | DATE (mo., day, year) 24d. 8-28-1976 |
| FUNERAL DIRECTOR (SIGNATURE) 25a. [signature] | FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. McGaffey-Andreason Funeral Home 490 E. 13th Eugene, OR. | | |
| REGISTRAR—SIGNATURE 26a. Gail Langton, Deputy | DATE RECEIVED BY LOCAL REGISTRAR 26b. Sept. 1, 1976 | DATE RECEIVED BY STATE REGISTRAR 27. | |

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

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STATE OF OREGON )
COUNTY OF Lane )

Date September 1, 1976

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.

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(SEAL)

A. K. Hottle, Director
Registrar of Vital Statistics

By Gail Langton, Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of AUGUST A.D., 1977 at 2:31 o'clock P.M., and duly recorded in Vol M77 of DEEDS on Page 14844.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragt Deputy