35429

266

Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'77 SEP 9 AM 10 20

Vol. m 77 Page 16770

State File Number

DECEASED

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

1. DECEASED—NAME (First, Middle, Last): THELMA JANE YUNCK
2. DATE OF DEATH (month, day, year): August 4, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 64
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): September 23, 1912
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 2231 Homedale Road
8. STATE OF BIRTH (If not in U.S.A., name country): Montana
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Raymond Yunck
12. SOCIAL SECURITY NUMBER: 541 - 09 - 8485
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Cook - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Shasta Elementary School
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 2231 Homedale Road
15. FATHER—NAME first middle last: Britton Barrett
16. MOTHER—Maiden Name first middle last: Rose Coryell
17. INFORMANT—NAME and relationship to deceased: Raymond Yunck - Husband

CAUSE

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

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

		approximate interval between onset and death
immediate cause (a)	Hepatic coma	1 day
due to, or as a consequence of: (b)	Liver metastases	10 mo.
due to, or as a consequence of: (c)	Adenocarcinoma of descending colon	18 mo

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no): 19a. Yes

IF YES were findings considered in determining cause of death: 19b.

CERTIFIER

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):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 1 23 74 (month day year) to 8 4 77 (month day year) And Last Saw Him/Her Alive on: 8 3 77 (month day year). I Did/Did Not view the body after death (specify): Did. DEATH OCCURRED (hour): 6:30 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Robert Payne MD
22b. NAME (type or print): Robert Payne degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 8-5-77

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 204 Medical-Dental Building / Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Aug. 8, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601

26a. REGISTRAR—SIGNATURE: Marjorie S. Comer
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1977
27. DATE RECEIVED BY STATE REGISTRAR:

28. RESERVED FOR REGISTRAR'S USE

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie S. Comer Deputy Registrar
Date AUG 9 1977 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of ~~September~~ A.D., 19 77 at 10:29 o'clock A M., and duly recorded in Vol M77, of Deeds on Page 16770.

WM. D. MILNE, County Clerk
By Elizabeth Domazet Deputy

FEE $3.00