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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 77 Page 10052

Local File Number		First		Middle		Last		State File Number	
DECEASED—NAME		Appleton		Ellis		Garrick		DATE OF DEATH (month, day, year)	
1		2		3		4		5	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3		4		5a		5b		5c	
White		Male		68		mos.		days	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		DATE OF BIRTH (month, day, year)		6	
7a		7b		7c		7d		7e	
Deschutes		Bend		St. Charles Medical Center		Inpatient		7f	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		7g	
8		9		10		11		12	
Mississippi		USA		Married		Wanna Lee		NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		14a		14b	
13		14a		14b		14c		14d	
428 12 4785		Lumber Grader		Lumber Industry		14c		14d	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		15a	
15a		15b		15c		15d		15e	
Oregon		Klamath		Crescent		P.O. Box 5		128	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		18		19	
16		17		18		19		20	
Robert Luther Garrick		Louena Rainey		Wanna Lee Garrick, Wife		19a		19b	
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		19c		19d	
19a		19b		19c		19d		20	
Burial		Pilot Butte		Bend Oregon		20a		20b	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		21c	
20a		20b		20c		20d		20e	
Wanna L. Reynolds		Niswonger-Reynolds		105 N.W. Irving, Bend, Oregon 97701		May 10, 1978		10:55 A.M.	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated,		NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d		21e		21f	
21a		21b		21c		21d		21e	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d		21e		21f		21g	
21a		21b		21c		21d		21e	
Jerry C. Lear M.D.		1501 N.E. Medical Center Drive		Bend, Oregon		21f		21g	
21a		21b		21c		21d		21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22a		22b		22c	
22a		22b		22c		22d		22e	
May 10, 1978		Vivian M. Raycraft		22c		22d		22e	
22a		22b		22c		22d		22e	
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		23		24		25	
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Carcinoma of the Lung		24		25		26		27	
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