

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME 1. June Nadine Ray			DATE OF DEATH (month, day, year) 2. November 24, 1976		
RACE White, Negro, American Indian, etc. (specify) 3. white			DATE OF BIRTH (month, day, year) 4. June 1, 1914		
SEX 5. female			AGE-Last birthday (years) 6. 62		
COUNTY OF DEATH 7a. Lane			CITY, TOWN, OR LOCATION OF DEATH 7b. Eugene		
STATE OF BIRTH (if not in U.S.A., name country) 8. Washington			CITIZEN OF WHAT COUNTRY 9. USA		
SOCIAL SECURITY NUMBER 12. 543-28-6303			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. married		
RESIDENCE-STATE 14a. Oregon			CITY, TOWN, OR LOCATION 14c. Eugene		
FATHER-NAME 15. Hiram Wickersham			MOTHER-MAiden Name 16. Amelia Brandt		
PART I. DEATH WAS CAUSED BY: 18. Immediate cause (a) Acute Myocardial Infarct due to, or as a consequence of: (b) _____ (c) _____			ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). APPROXIMATE interval between onset and death 2 hrs.		
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) 19. NO			AUTOPSY (yes or no) 19a. NO		
ACCIDENT (specify yes or no) 20a. NO			DATE OF INJURY (month, day, year) 20b. Jan 1973		
INJURY AT WORK (specify yes or no) 20c. NO			PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20d. North		
CERTIFICATION-Physician: I attended the deceased from: 21. Jan 1973 to death			And Last Saw Him/Her Alive on: month day year 11 Oct 76		
PHYSICIAN-SIGNATURE 22a. Charles B. Koch M.D.			NAME (Type or print) 22b. CHARLES B KOCH M.D.		
MAILING ADDRESS-PHYSICIAN 23. 1162 W. 11th St Eugene Ore 97401			CITY or town 23a. Eugene		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial			CEMETERY OR CREMATORY-NAME 24b. Eternal Hills Memorial Gardens Klamath Falls Oregon		
FUNERAL DIRECTOR-SIGNATURE 25a. Rae Warkner			FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) 25b. Lounsbury-Musgrove Mortuary-1152 Olive St-Eugene, Ore. 97401		
REGISTRAR-SIGNATURE 26a. Paul Longton, Deputy			DATE RECEIVED BY LOCAL REGISTRAR 26b. Nov 29, 1976		
RESERVED FOR REGISTRAR'S USE 27.			DATE RECEIVED BY STATE REGISTRAR 27.		

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TE OF OREGON

NTY OF LaneDate November 29, 1976

s certifies that the foregoing is a correct and complete transcript of a record
death on file with the Lane County Department of Health.

(SEAL)

Return
TAA. K. Zottle Director

Registrar of Vital Statistics

By Paul Longton, Deputy

This is a copy of the original document.

Subscribed and sworn to before me this
15th day of June, 1977

Notary Public for Oregon

My Commission expires 3-31- 1978

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of
July A.D., 1978 at 3:54 o'clock P.M., and duly recorded in Vol. M78
of D. eds on Page 15499.

FEE \$3.00

WM. D. MILNE, County Clerk

By Berntha Sletch

Deputy