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

Vol. M 78 Page 24216

Local File Number 267 5744?

State File Number

CERTIFICATE OF DEATH

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 GLADIS	LUCILLE	HUNT	2 July 25, 1978

RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 76	5b	5c	6 December 6, 1901

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST.: Indicate DOA, OP/Emer., Rm., Inpatient (Specify)
7a Klamath	7b Klamath Falls	7c Kl. County Nursing Home	7d Inpatient

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)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Washington	9 USA	10 Married	11 John Hunt	12 NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 541 - 09 - 9625 - A	14a Housewife	14b At home

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 1651 Douglas Ave. 97601	15e

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 John J. Pender	17 Ida M. Maitland	18 Eugene Ross (Nephew)

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a [signature]	20b Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature] Blake Berven M.D.	DATE SIGNED [Mo., Day, Yr.] 21b July 26, 1978	HOUR OF DEATH 21c 9:50 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]
21d Blake Berven, M.D., Medical Dental Building, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	REGISTRAR
22a JUL 28 1978	22b [Signature] Marian Peckman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I		Interval between onset and death
(a)	Respiratory Failure	10 min
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	Metastatic ovarian carcinoma	3 mos
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 (Specify Yes or No) 24	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No)
No	No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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 Services.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics
By Marian Peckman, Deputy Registrar
Date JUL 28 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of October A.D., 1978 at 11:12 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 24216.

FEE $3.00

WM. D. MILNE, County Clerk
By Dorothea Welch Deputy