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

Vol. M 79 Page 14947

69548

229

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number | State File Number

DECEDENT

1 DECEASED—NAME: First: Duncan | Middle: Lawson | Last: McKAY

2 DATE OF DEATH (month, day, year): June 18, 1979

3 RACE White, Black, American Indian, etc.(specify): White

4 SEX: Male

5a AGE—Last birthday (years): 71

5b Under 1 year: mos. | days

5c Under 1 day: hours | min.

6 DATE OF BIRTH (month, day, year): July 19, 1907

7a COUNTY OF DEATH: Deschutes

7b CITY, TOWN OR LOCATION OF DEATH: Bend

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Charles Medical Center

7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Lorna

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 540 40 6260

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Attorney

14b KIND OF BUSINESS OR INDUSTRY: Law

15a RESIDENCE—STATE: Oregon

15b COUNTY: Deschutes

15c CITY, TOWN, OR LOCATION: Bend

15d STREET AND NUMBER OR R.F.D., ZIP: 961 N.W. Riverside Blvd. 97701

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Clyde M. McKay

17 MOTHER—Maiden Name first middle last: Olive Elizabeth Spencer

18 INFORMANT—NAME and relationship to deceased: Lorna McKay, wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Pilot Butte Cemetery

19c LOCATION city or town state: Bend Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Ann L Reynolds

20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc., 105 N.W. Irving Bend, Oregon 97701

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Robert L Cutter

21b DATE SIGNED [Mo., Day, Yr.]: June 18, 1979

21c HOUR OF DEATH: 7:40 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Robert L. Cutter M.D. 600 N.W. Harriman Bend, Oregon 97701

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

DISPOSITION

1. _____
2. _____
3. _____

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: June 18, 1979

22b REGISTRAR [Signature]: Laurie Coleman-Berger Deputy

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Irreversible Cerebral Vascular accident (Cerebral Hemorrhage) — Interval between onset and death: 5 days

DUE TO, OR AS A CONSEQUENCE OF (b): — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF (c): — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Essential Hypertension, Diabetes Mellitus

AUTOPSY [Specify Yes or No] 24: No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No]: No

ACCIDENT [Specify Yes or No] 26a: No

DATE OF INJURY [Mo., Day, Yr.] 26b

HOUR OF INJURY 26c

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 STREET OR R.F.D. NO. CITY OR TOWN STATE 26g

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Rev

VS-2 Rev-1-78 P-65412

Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

STATE OF OREGON
COUNTY OF DESCHUTES

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

Laurie Coleman-Berger, Deputy - Vital Statistics

June 22 19 79

SEAL
VOID IF ALTERED

Not valid without raised seal of Deschutes County Health Department

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of June A.D., 19 79 at 11:56 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 14947.

WM. D. MILNE, County Clerk
By Bernetha Helvick Deputy

FEE $3.00