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79
Local File Number

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

Vol. M79 Page 15632

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME First	Middle	Last	2 DATE OF DEATH (month, day, year)
VIRGINIA	MAE	ENYART	February 26, 1979

3 RACE White, Black, American Indian, etc.(specify)	4 SEX	5a AGE—Last birthday (years)	Under 1 year: 5b mos. / 5c days	Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year)
White	Female	50			March 8, 1928

7a COUNTY OF DEATH	7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]
Deschutes	Bend	St. Chas. Med. Cent.	Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 SPOUSE (IF MARRIED, WIDOWED)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]
Oregon	USA	Married	Earl Enyart	No

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14b KIND OF BUSINESS OR INDUSTRY
544-26-4327	Bookkeeper	Real Estate Office

15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER OR R.F.D., ZIP	15e Inside City Limits (specify yes or no)
Oregon	Deschutes	La Pine	52410 Doe Lane 97739	No

16 FATHER—NAME first middle last	17 MOTHER—Maiden Name first middle last	18 INFORMANT—NAME and relationship to deceased
Perry David Drais	Nellie Lacy	Earl W. Enyart (Spouse)

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19b CEMETERY OR CREMATORY—NAME	19c LOCATION city or town state
Burial	Deschutes Memorial Gardens	Bend, Oregon

DISPOSITION

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature] ▶ [signature]

20b NAME AND ADDRESS OF FACILITY: TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

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

21a [Signature] ▶	21b DATE SIGNED [Mo., Day, Yr.]	21c HOUR OF DEATH
[signature]	2-28-79	5:45 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Larry Kovachevich, M.D. 52379 Huntington Rd. - LaPine, OR. 97739

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	22b REGISTRAR [Signature] ▶
February 28, 1979	Vivian M. Raycraft

CAUSE OF DEATH

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

(a) Respiratory failure — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Breast cancer metastatic to Lung. — 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): Anemia due to Marrow invasion by tumor.

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

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
No			

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION 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 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.

Vivian M Raycraft
Vivian M. Raycraft, Registrar
Vital Statistics

SEAL

VOID IF ALTERED

February 28 1979

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 2nd day of July A.D., 19 79 at 2:31 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 15632.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha A. Peterson Deputy