DSHS 9-183

KETC

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of January A.D., 1980 at 12:03 o'clock P.M., and duly recorded in Vol M-80, of Deeds on Page 1203.

FEE $3.50

WM. D. MILNE, County Clerk

By Jacqueline J. Meller Deputy

'80 JAN 21 PM 12 03

K-32891 Vol. M80 Page 1203

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'73-015644

895
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First LEONA Middle W. Last LEE
2. DATE OF DEATH (month, day, year): October 12, 1973
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 61
5b. Under 1 year: months
5c. Under 1 day: days / hours / min.
6. DATE OF BIRTH (month, day, year): February 20, 1912
7a. COUNTY OF DEATH: Clackamas
7b. CITY, TOWN, OR LOCATION OF DEATH: Lake Oswego
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. Park Convalescent Facility
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced
11. NAME OF SPOUSE: Conrad Lee
12. SOCIAL SECURITY NUMBER: 540-20-5026-A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired Cook
13b. KIND OF BUSINESS OR INDUSTRY: Cafe
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Lincoln
14c. CITY, TOWN, OR LOCATION: Newport
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 830 N.W. Coast Hiway
15. FATHER—NAME first middle last: Bert Wade
16. MOTHER—Maiden Name first middle last: Anna Crites
17. INFORMANT—NAME and relationship to deceased: Mrs. Syde Baker-Sister

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

18. Immediate cause (a): Carcinoma of uterus + cervix - disseminated
due to, or as a consequence of (b): Secondaries
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of (c):

Approximate interval between onset and death

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

19a. AUTOPSY (yes or no): Yes
19b. IF YES were findings considered in determining cause of death

ACCIDENT (specify yes or no)
20a. INJURY AT WORK (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)
20g.

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 8 day 15 year 73 to month 10 day 12 year 73
And Last Saw Him/Her Alive on: month 10 day 10 year 73
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 12:07 A. M.
to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: A Ben King
22a.
22b. NAME (type or print): A. BEN KING, degree or Title: M.D
22c. DATE SIGNED (month, day, year): 10/18/73
MAILING ADDRESS—PHYSICIAN: 104 SW 5th street, PORTLAND, ORE city or town, 97204 state, zip

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Crystal Lake
24b. LOCATION city or town: Corvallis, Ore.
24c.
24d. DATE (mo., day, year): 10/15/73
25a. FUNERAL DIRECTOR—SIGNATURE: Joe E McHenry #700
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): McHenry Funeral Home, Inc.; 206 NW 5th St; Corvallis, Ore. 97330
26a. REGISTRAR—SIGNATURE: Virginia Williams Deputy Registrar
26b. DATE RECEIVED BY LOCAL REGISTRAR: October 19, 1973
27. DATE RECEIVED BY STATE REGISTRAR: OCT 29 1973
28. RESERVED FOR REGISTRAR'S USE

VS-2 8-69

DATE ISSUED June 26 1979

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Melvin C. Blum

KCTC

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of January A.D., 19 80 at 12:03 o'clock P. M., and duly recorded in Vol M-80, of Deeds on Page 1204.

FEE $3.50

WM. D. MILNE, County Clerk

By Jacqueline J. Metlee Deputy

K-32881 21 PM 12 03 Vol. M80 Page 1204