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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

70- 16827

CERTIFICATE OF DEATH

437 Local File Number

State File Number

DECEASED—NAME: 1. First: DONNA Middle: LEE Last: TANDY

DATE OF DEATH (month, day, year): 2. November 3,1970

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

SEX: 4. Female

AGE (last birthday): 5a. 38 Under 1 Year: 5b. mos. days Under 1 Day: 5c. hours min

DATE OF BIRTH (month, day, year): 6. July 23,1932

COUNTY OF DEATH: 7a. Linn

CITY, TOWN, OR LOCATION OF DEATH: 7b. Albany

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7d. Albany General Hospital

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

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Divorced

NAME OF SPOUSE: 11. Edwin Tandy

SOCIAL SECURITY NUMBER: 12. 544-50-7039

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Hosuewife

KIND OF BUSINESS OR INDUSTRY: 13b. Own Home

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Benton

CITY, TOWN, OR LOCATION: 14c. Corvallis

Inside City Limits (specify yes or no): 14d. Yes

STREET AND NUMBER OR RFD: 14e. 1252 N.W. Grant Street

FATHER—NAME first middle last: 15. Edward Zedwick

MOTHER—Maiden Name first middle last: 16. Leona Wade

INFORMANT—NAME and relationship to deceased: 17. Mrs. Leona Lee- Mother

812.0

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CAUSE

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

18. Immediate Cause (a): CHEST INJURIES due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) 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).

AUTOPSY (yes or no): 19a. no

IF YES were findings considered in determining cause of death: 19b.

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): 20a. Nov. 3 1970

HOUR: 20b. 12:20PM

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): 20c. Was driving auto - collided with another auto.

INJURY AT WORK (specify yes or no): 20d. no

PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)): 20e. road

LOCATION (street or R.F.D. No., city or town, county, state): 20f. Hiway 34 mp 7 Linn County

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (hour): 21a. 1:15 p.m.

THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): 21b. Nov. 3 1970 1:15 pm.

FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐ 21c.

CERTIFIER

CERTIFIER—SIGNATURE: 22a. J.W. Guepe M.D.

NAME—(type or print): 22b. J.W. Guepe M.D.

Degree or Title

MEDICAL INVESTIGATOR: FOR COUNTY: 23. Linn

DATE SIGNED (month, day, year): Nov. 12 1970

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Crystal Lake Cemetery

LOCATION city or town state: 24c. Corvallis,oregon

DATE (month, day, year): 24d. 5/7/70

FUNERAL DIRECTOR—SIGNATURE: 25a. John B McHenry #350

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. McHenry Funeral Home, Inc.;206 NW 5th St.;Corvallis,Ore. 97330

REGISTRAR—SIGNATURE: 26a. J.W. Guepe M.D.

DATE RECEIVED BY LOCAL REGISTRAR: 26b. Nov. 10, 1970

DATE RECEIVED BY STATE REGISTRAR: 27. NOV 16 1970

RESERVED FOR REGISTRAR'S USE: 28.

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

DATE ISSUED June 28 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. Haun

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., 1980 at 12:03 o'clock P. M., and duly recorded in Vol M-80, of Deeds on Page 1205.

FEE $3.50

WM. D. MILNE, County Clerk

By Jacqueline J. Metler Deputy