87407 30562 BOOK 322 PAGE 117

CERTIFIED COPY OF DEATH RECORD '80 JUL 25 PM 1 58 13909

Vol. M80 Page

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

1216 Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: Francine	Middle: Agnes	Last: MICKEY	2 DATE OF DEATH (month, day, year)	October 27, 1979
3 RACE White, Black, American Indian, etc.(specify)	White	4 SEX	Female	5a AGE—Last birthday (years)	62
5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year)	September 8, 1917		
7a COUNTY OF DEATH	Marion	7b CITY, TOWN OR LOCATION OF DEATH	Turner	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	5665 Val View Dr. S.E.
7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]	-				
8 STATE OF BIRTH (If not in U.S.A., name country)	Arkansas	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	John M. Mickey	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]	no		
13 SOCIAL SECURITY NUMBER	541-44-0839 C	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	housewife	14b KIND OF BUSINESS OR INDUSTRY	own home
15a RESIDENCE—STATE	Oregon	15b COUNTY	Marion	15c CITY, TOWN, OR LOCATION	Turner
15d STREET AND NUMBER OR R.F.D., ZIP	5665 Val View Dr. S.E. 97392	15e Inside City Limits (specify yes or no)	yes		
16 FATHER—NAME first middle last	Earl S. LaRont	17 MOTHER—Maiden Name first middle last	Anna Jones	18 INFORMANT—NAME and relationship to deceased	John M. Mickey, spouse
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	19b CEMETERY OR CREMATORY—NAME	Belcrest Memorial Park	19c LOCATION city or town state	Salem Oregon
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]	[signature]	20b NAME AND ADDRESS OF FACILITY	V.T. Golden Mortuary, Inc., 605 Commercial St. S.E., Salem		

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]	E.P. Greenwood M.D.	21b DATE SIGNED [Mo., Day, Yr.]	Oct. 30, 1979
21c HOUR OF DEATH	4:40 A. M		

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: E.P. Greenwood M.D. 939 Oak St. S.E., Salem, OR 97301

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	OCT 31 1979	22b REGISTRAR [Signature]	Grace Tomlin

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

		Interval between onset and death
(a)	Metastatic carcinoma	
(b) DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of the uterus	3 1/2 years
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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

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

AFTER RECORDING RETURN TO:
Daniel A. Ritter, Attorney
P. O. Box 470, Salem, OR 97308

STATE OF OREGON
COUNTY OF MARION
SEAL
VOID IF ALTERED
DATE OCT 31 1979

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS
By Grace Tomlin DEPUTY

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 July A.D., 19 80 at 1:56 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 13909.

FEE $3.50

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