

90361

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
CERTIFICATE OF DEATH

Vol. 80 Page 18581

327

Local File Number

State File Number

DECEASED—NAME First Middle Last <b>NORA MELVINA SHUCK</b>			DATE OF DEATH (month, day, year) <b>September 2, 1980</b>		
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>		2 SEX <b>Female</b>		3 AGE—Last birthday (years) <b>72</b>	
4 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		5 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <b>West Medical Center</b>		6 IF HOSP. OR INST. Indicate DOA Of Emer., Rm., Inpatient (Specify) <b>Emer. Room</b>	
7a STATE OF BIRTH (If not in U.S.A., name country) <b>California</b>		7b CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		7c COUNTY OF DEATH <b>Klamath</b>	
8 SOCIAL SECURITY NUMBER <b>540 - 40 - 5992</b>		9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10 KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	
11 RESIDENCE—STATE <b>Oregon</b>		12 COUNTY <b>Klamath</b>		13 CITY, TOWN, OR LOCATION <b>Merrill</b>	
14 FATHER—NAME first middle last <b>N/R Bagwell</b>		15 MOTHER—Maiden Name first middle last <b>Millie Shadley</b>		16 INFORMANT—NAME and relationship to deceased <b>Victor Shuck - Husband</b>	
17 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		18 CEMETERY OR CREMATORY—NAME <b>Merrill I.O.O.F. Cemetery</b>		19 LOCATION city or town state <b>Merrill, Oregon</b>	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Ore. 97601</b>		21c HOUR OF DEATH <b>8:28 A.M.</b>	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Kenneth K. Magee, M.D. / Suit 409, 905 Main / Klamath Falls, Or. 97601</b>		21b DATE SIGNED (Mo., Day, Yr.) <b>9-3-80</b>		21c	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		21f	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>SEP 4 1980</b>		22b REGISTRAR (Signature) <i>[Signature]</i>		22c	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c]) <b>Probable Cardiac Arrest</b>		23a		23b	
23a DUE TO, OR AS A CONSEQUENCE OF: <b>Chronic Congestive Heart Failure</b>		23b		23c	
23c		23d		23e	
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Advanced Chronic Obstructive Pulmonary Disease</b>		24a AUTOPSY (Specify Yes or No) <b>No</b>		24b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>	
25a ACCIDENT (Specify Yes or No) <b>No</b>		25b DATE OF INJURY (Mo., Day, Yr.)		25c HOUR OF INJURY	
25d INJURY AT WORK (Specify Yes or No)		25e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25f LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
25g		25h		25i	

RESERVED FOR REGISTRAR'S USE

*Parks & Rattiff*  
228 N. 7th  
K. Falls, Or.

HS-2 Rev-1-80

STATE OF OREGON  
County of Klamath

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

MARIAN ACKERMAN, Registrar Vital Statistics

By *Claudia Francis*, Deputy Registrar  
Date **SEP 8 1980**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES  
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of September A.D., 19 80 at 4:46 o'clock P M., and duly recorded in Vol. 1800, of Deeds on Page 18581.

FEE \$3.50

WM. D. MILNE County Clerk

By *Bernita Helbach* Deputy