98375

150

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CERTIFICATE OF DEATH

STATE FILE NUMBER

Form VS-101
REV. 1-78

TYPE OR PRINT IN PERMANENT INK

RECORDER'S NO. 81-185-D

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS — JUNEAU, ALASKA 99811

DATE RECEIVED

DECEASED

1 DECEASED — NAME: FIRST LYNNDIA; MIDDLE JO; LAST HARRIS

2 SEX: Female

3 RACE (SPECIFY): Caucasian

4 DATE OF DEATH (MONTH, DAY, YEAR): March 29, 1981

5a AGE — LAST BIRTHDAY: 36 YEARS

5b UNDER 1 YEAR — MONTH

5c UNDER 1 DAY — HOURS / MINUTES

6 DATE OF BIRTH (MONTH, DAY, YEAR): August 23, 1944

7a PLACE OF DEATH: ALASKA

7b RECORDING DISTRICT: Anchorage

7b CITY, VILLAGE OR LOCATION: Anchorage

7c HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Providence Hospital

7d STREET AND NUMBER: 3200 Providence Drive

8 IF HOSP. OR INST. INDICATE — D.O.A., OUTPATIENT, EMER. RM., INPATIENT (SPECIFY): Inpatient

9 WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNKNOWN

10 LENGTH OF STAY IN ALASKA: 28 Years

11 STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY): Pittsburg, Kansas

12 CITIZEN OF WHAT COUNTRY: U.S.A.

13 MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

14 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): R. Keith Harris

15 SOCIAL SECURITY NUMBER: 574-16-1587

16a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Accountant

16b KIND OF BUSINESS OR INDUSTRY: Southern Oregon Aviation

17a RESIDENCE — STATE: Oregon

17b RECORDING DISTRICT OR COUNTY: Klamath County

17c CITY, VILLAGE OR LOCATION: Klamath Falls

17d INSIDE CITY LIMITS: ☒ YES ☐ NO

17e STREET AND NUMBER: 7019 Sierra Place

PARENTS

18 FATHER — NAME: FIRST Lynwood; MIDDLE Marshall; LAST

19 MOTHER — MAIDEN NAME: FIRST Mollie; MIDDLE Day; LAST

DISPOSITION

20 INFORMANT — NAME: Mr. R. Keith Harris

21 MAILING ADDRESS — STREET OR P.O. BOX NO., CITY, VILLAGE, STATE, ZIP CODE: 7019 Sierra Place, Klamath Falls, Oregon 97601

22a ☐ BURIAL ☐ REMOVAL ☒ CREMATION ☐ DONATED

22b DATE (MONTH, DAY, YEAR): 3/30/81

22c CEMETERY OR CREMATORY — NAME AND LOCATION (CITY OR VILLAGE, STATE): Spenard Heights Crematory, Anchorage, Alaska

23 PERMIT ISSUED BY: ANCHORAGE

24a FUNERAL DIRECTOR — SIGNATURE: M. L. Morrissette
Mary Louise Morrissette

24b FUNERAL HOME — NAME AND ADDRESS (STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE): SPENARD HEIGHTS MORTUARY, 3804 SPENARD ROAD, ANCHORAGE, ALASKA 99503

CERTIFIER

CERTIFICATION — ON THE BASIS OF THE EXAMINATION OF THE BODY AND OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURED ON THE DATE AND DUE TO THE CAUSE(S) STATED

25 HOUR OF DEATH: 2:22am

26a DATE PRONOUNCED DEAD — MONTH: 3; DAY: 29; YEAR: 81

26b HOUR: 2:22am M

27a SIGNATURE: Kenneth Behymer

27b DEGREE OR TITLE: M.D.

27b NAME (TYPE OR PRINT): Kenneth Behymer M.D.

27c DATE SIGNED (MONTH, DAY, YEAR): Mar 30 '81

27d MAILING ADDRESS — STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE: 2841 DeBarr Road Anchorage, Alaska 99503

28a RECORDER — SIGNATURE: Registrar, Vital Statistics — Deputy Clerk

28b ADDRESS: Anchorage

28c DATE RECORDED (MONTH, DAY, YEAR): 3-31-81

CAUSE

29 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) — SEE REVERSE SIDE

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(a) IMMEDIATE CAUSE (PRINT OR TYPE): Metastatic Carcinoma of Breast

DUE TO, OR AS A CONSEQUENCE OF:

(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)

30 AUTOPSY ☐ YES ☒ NO

31a ☐ ACCIDENT ☐ HOMICIDE ☐ SUICIDE ☐ UNDETERMINED

31b DATE OF INJURY (MONTH, DAY, YEAR)

31c HOUR

31d DESCRIBE HOW INJURY OCCURRED

31e INJURY AT WORK ☐ YES ☐ NO

31f PLACE OF INJURY — AT HOME, CANNERY, ETC. — SPECIFY

31g LOCATION — STREET AND NUMBER, CITY, VILLAGE OR LOCATION, STATE, ZIP CODE

DH69
06-5230
3/78 5M

ORIGINAL — STATE COPY

Ret:
Steven A Zamsky
110 N 6th St 207
K Falls, Or 97601

STATE OF ALASKA)
THIRD JUDICIAL DISTRICT) ss.

I, the undersigned Clerk, hereby certify that this is a true and full copy of an original document on file in the Trial Courts, Third Judicial District, State of Alaska.

Witness my hand and the seal of this court this 31 day of March, 1981, at Anchorage, Alaska.

CLERK OF TRIAL COURTS

By: _____ Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the

14th day of April A.D., 19 81 at 3:30 o'clock p M., and duly recorded in

Vol M81 of Deeds on Page 6710.

Fee $ 7.00

EVELYN BIEHN
COUNTY CLERK
By Debra A Langston deputy