8796

628 K34997

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

80-008395

Local File Number K34997

CERTIFICATE OF DEATH

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State File Number

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 Mary	Louise	WILLARD	2 May 10, 1980

RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 57	5b	5c	6 August 13, 1922

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
7a Marion	7b Salem	7c Salem Memorial Hospital	7d inpatient

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Idaho	9 U.S.A.	10 Married	11 Paul Willard	12 no

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 540-26-0318	14a Corporate Officer	14b Willard Farms Inc.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Marion	15c Salem	15d 740 Ironwood Dr. S.E. 97302	15e yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16- Joseph Burgher	17- Esther Sorrow	18 Garrett D. Willard, son

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Restlawn Memory Gardens	19c Salem Oregon

FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a [signature]	20b W.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.

CERTIFIER — NAME AND TITLE (Type or print)	DATE SIGNED [Mo., Day, Yr.]	HOUR OF DEATH
21a [Signature] Robert F. Granatir, M.D.	21b 5-12-80	21c 5:05 A. M

21d MAILING ADDRESS (Street, city or town, state, zip) 97301

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e Robert F. Granatir, M.D.

4372 Liberty Road So.
Salem, Oregon 97302
371-1791

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	REGISTRAR
22a May 13, 1980	22b [Signature] Grace Tomlin

23 IMMEDIATE CAUSE

PART I (a) ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].

(a) Small Cell Bronchogenic Carcinoma — Interval between onset and death: 1 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo. Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS CASE REFERRED TO MEDICAL EXAMINER
26a No	26b	26c M	26d	24 no	25 [Specify Yes or No] no

INJURY AT WORK [Specify Yes or No]	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
26e No	26f	26g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

Return to: D. Williams, 740 Ironwood Drive, Salem, Or 97302

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED JULY 18 1980

STATE REGISTRAR

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 2 day of Feb. A.D., 1982 at 2:43 o'clock P M., and duly recorded in Vol M82 of Deeds on page 1326.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McGhee deputy