

25443

STATE OF COLORADO  
CERTIFICATE OF DEATH  
(PHYSICIAN OR CORONER)

DATE REGISTERED BY STATE REGISTRAR

Vol. 183 Page 10686

128-54

COLORADO  
DEPARTMENT OF  
HEALTH  
AD 1016  
(Rev. 1-78)

THIS IS A  
PERMANENT  
RECORD  
USE BLACK INK  
OR TYPEWRITER  
WITH BLACK  
RIBBON

USUAL  
RESIDENCE  
WHERE  
DECEASED  
LIVED  
IF DEATH  
OCCURRED  
IN INSTITUTION  
GIVE  
RESIDENCE  
BEFORE  
ADMISSION

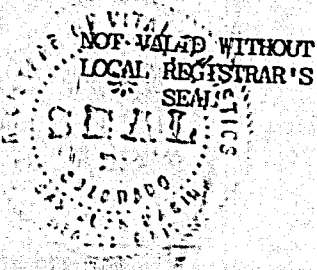
|                                                               |                                                                         |                                                                         |                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|
| DECLAISED NAME<br>FIRST MIDDLE LAST<br><b>ETHEL L. FLORIN</b> |                                                                         | SEX<br><b>Female</b>                                                    | DATE OF DEATH (MONTH DAY YEAR)<br><b>April 18, 1983</b> |
| RACE (White, Black, American Indian, etc.)<br><b>White</b>    | ORIGIN OR DESCENT (European, Mexican, English, etc.)<br><b>American</b> | AGE - LAST BIRTHDAY (Year) MONTH DAY<br><b>82</b>                       | DATE OF BIRTH (MONTH DAY YEAR)<br><b>Oct. 7, 1900</b>   |
| CITY, TOWN OR LOCATION OF DEATH<br><b>Durango</b>             |                                                                         | HOSPITAL OR OTHER INSTITUTION<br><b>Four Corners Health Care Center</b> | COUNTY OF DEATH<br><b>La Plata</b>                      |
| STATE OF BIRTH<br><b>Nebraska</b>                             | CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED<br><b>Widowed</b>             | IF HOSP OR INST. (Yes or No)<br><b>inpatient</b>        |
| DECEASED'S STATE<br><b>Nebraska</b>                           | DECEASED'S CITY, TOWN OR LOCATION<br><b>Durango</b>                     | DECEASED'S STREET AND NUMBER<br><b>2511 Columbine Dr.</b>               | WAS DECEASED EVER IN U.S. ARMY OR NAVY?<br><b>no</b>    |
| DECEASED'S PHONE NUMBER<br><b>574-07-3606</b>                 | DECEASED'S CITY, TOWN OR LOCATION<br><b>Durango</b>                     | DECEASED'S STREET AND NUMBER<br><b>2511 Columbine Dr.</b>               | DECEASED'S CITY, TOWN OR LOCATION<br><b>Durango</b>     |
| FATHER'S NAME<br><b>Everett Lewis</b>                         | MOTHER'S NAME<br><b>Bertha H. Stivers</b>                               |                                                                         |                                                         |

|                                                                                                                                      |                                                |                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------|
| DECEASED'S NAME<br><b>Pearl Price</b>                                                                                                | RELATIONSHIP TO DECEASED<br><b>Sister</b>      | MAILING ADDRESS (STREET, CITY, STATE, ZIP)<br><b>790 Co. Rd. # 233; Durango, Colorado 81301</b> |
| DISPOSITION<br><b>Cremation</b>                                                                                                      | DATE (Month Day Year)<br><b>April 20, 1983</b> | CEMETERY OR CREMATORY NAME AND LOCATION<br><b>Montrose Valley Crematory; Montrose, Colorado</b> |
| NAME AND ADDRESS OF FUNERAL HOME (STREET, CITY, STATE, ZIP)<br><b>William A. Hood Mortuary, Inc.; Box 7; Durango, Colorado 81301</b> |                                                |                                                                                                 |

|                                                                                                                                                  |                                                       |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|
| CERTIFIER<br>NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER)<br><b>Tullius W. Halley, M.D., 1800 East 3rd Ave.; Durango, Colorado 81301</b> | DATE SIGNED (Month Day Year)<br><b>April 19, 1983</b> | DATE RECEIVED BY REGISTRAR (Month Day Year)<br><b>April 19, 1983</b> |
| CAUSE OF DEATH<br>PART I: IMMEDIATE CAUSE<br><b>CVA</b>                                                                                          | PART II: UNDERLYING CAUSE<br><b>Post-op stroke</b>    |                                                                      |
| DATE AND HOUR OF INJURY<br><b>April 18, 1983</b>                                                                                                 | DESCRIBE HOW INJURY OCCURRED                          | AUTOPSY (Yes or No)<br><b>no</b>                                     |
| PLACE OF INJURY<br><b>Home</b>                                                                                                                   | LOCATION<br><b>Home</b>                               | WAS CASE RETURNED TO CORONER?<br><b>no</b>                           |

Klamath 1st Federal 5+L  
540 Main St.  
Klamath Falls, Or. 97601

I hereby certify that the information set forth above was correctly copied from the record of death in my custody as required by law.



WITNESS MY HAND AND SEAL.  
THIS 19th DAY OF April 19 83  
Dorcas W. Halley, Deputy Registrar  
REGISTRATION DISTRICT NUMBER 128  
La Plata County, Durango, Colorado

STATE OF OREGON: COUNTY OF KLAMATH ::s  
I hereby certify that the within instrument was received and filed for record on the 6th day of July A.D., 1983 at 2:18 o'clock PM, and duly recorded in Vol. 83, of deeds on page 10686.

Fee \$ 4.00

EVELYN B. BEHN COUNTY CLERK  
by Lu Lewis Deputy