25443

STATE OF COLORADO

# CERTIFICATE OF DEATH

(PHYSICIAN OR CORONER)

DATE REGISTERED BY STATE REGISTRAR

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128-54

COLORADO DEPARTMENT OF HEALTH AD RB 16 (Rev. 1-78)

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

USUAL RESIDENCE (WHERE DECEASED LIVED AT TIME OF DEATH) (IF INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

**DECEASED**

DECEASED NAME (First, Middle, Last): ETHEL L. FLORIN

STATE FILE NUMBER:

SEX: Female

DATE OF DEATH (Month, Day, Year): April 18, 1983

RACE: White

ORIGIN OR DESCENT: American

AGE - LAST BIRTHDAY (Years) / UNDER 1 YEAR (MOS / DAYS) / UNDER 1 DAY (HRS / MINS): 82

DATE OF BIRTH (Month, Day, Year): Oct. 7, 1900

COUNTY OF DEATH: La Plata

CITY, TOWN, OR LOCATION OF DEATH: Durango

HOSPITAL OR OTHER INSTITUTION (Name, if not in hospital, give street and number): Four Corners Health Care Center

IF HOSP. OR INST. (Inpatient or Emergency): inpatient

STATE OR FOREIGN COUNTRY: Nebraska

CITIZEN OF WHAT COUNTRY: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

SURVIVING SPOUSE (If wife, give maiden name):

WAS DECEDENT EVER IN U.S. ARMED FORCES?: no

SOCIAL SECURITY NUMBER: 574-07-3606

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY:

RESIDENCE: STATE: Colorado; COUNTY: La Plata; CITY, TOWN OR LOCATION: Durango 81301; STREET AND NUMBER: 2511 Columbine Dr.; INSIDE CITY LIMITS?: yes

FATHER'S NAME (First, Middle, Last): Everett Lewis Westfall

MOTHER'S NAME (First, Middle, Last, Maiden): Bertha H. Stivers

INFORMANT'S NAME: Pearl Price

RELATIONSHIP TO DECEASED: Sister

MAILING ADDRESS (Street or R.D. No., City or Town, State, Zip): 790 Co. Rd. # 233; Durango, Colorado 81301

**DISPOSITION**

BURIAL, CREMATION, REMOVAL: Cremation

DATE (Month, Day, Year): April 20, 1983

CEMETERY OR CREMATORY NAME AND LOCATION (City or Town, State): Montrose Valley Crematory; Montrose, Colorado

FUNERAL DIRECTOR: William A. Heun

NAME AND ADDRESS OF FUNERAL HOME (Street or R.D. No., City, State, Zip): Hood Mortuary, Inc.; Box 7; Durango, Colorado 81301

**CERTIFIER**

PHYSICIAN (To the best of my knowledge, death occurred at 9:40 p.m. on the date and place stated)

DATE SIGNED (Month, Day, Year): April 19, 1983

Tullius W. Halley, M.D.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Tullius W. Halley, M.D. 1800 East 3rd Ave.; Durango, Colorado 81301

CORONER: On the basis of examination and/or investigation in my opinion death occurred at ____ M on the date and place and due to the cause(s) stated

DATE SIGNED (Month, Day, Year):

PRONOUNCED DEAD (Month, Day, Year, Hour):

REGISTRAR: Joyce Wojcik, Deputy Registrar

DATE RECEIVED BY REGISTRAR (Month, Day, Year): April 19 1983

**CAUSE OF DEATH**

PART I. IMMEDIATE CAUSE (Enter only one cause per line.) (a) CVA

DUE TO OR AS A CONSEQUENCE OF

(b) Cerebral arteriosclerosis

DUE TO OR AS A CONSEQUENCE OF

(c) Hypertension

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

Post-op abdominal surgery.

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, PENDING INVESTIGATION:

DATE AND HOUR OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

AUTOPSY: no

WAS CASE REFERRED TO CORONER?: no

INJURIES AT WORK?:

PLACE OF INJURY (At home, farm, street, factory, office building, etc.):

LOCATION (Street or R.D. No., City or Town, State):

Klamath 1st Federal S+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.

NOT VALID WITHOUT LOCAL REGISTRAR'S SEAL

WITNESS MY HAND AND SEAL

THIS 19th DAY OF April 19 83

Joyce Wojcik, Deputy Registrar

REGISTRATION DISTRICT NUMBER 128

La Plata County, Durango, Colorado

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 6th day of July A.D., 19 83 at 2:18 o'clock pM, and duly recorded in Vol M 83, of deeds on page 10686.

EVELYN BIEHN COUNTY CLERK

by Sue Lewis Deputy

Fee $4.00