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LOCAL FILE NUMBER 30977

CERTIFICATE OF DEATH

146-8

STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST		2. SEX	3. DEATH DATE (MO DAY YR)
Lyle	Dupree	M	Oct. 13, 1983

4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)	5. AGE - LAST B'DAY (YRS)	6. UNDER 1 YEAR MOS / DAYS	7. UNDER 1 DAY HOURS / MINS.	8. BIRTHDATE (MO DAY YR)	9. COUNTY OF DEATH
White	69			Sept. 3, 1914	Snohomish

10. CITY, TOWN OR LOCATION OF DEATH	11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0 HOME 2 IN TRANSPORT 3 EMERG RM/OU PTN 4 HOSP. 5 NUR HOME 1 OTHER PLACE	12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRE/TP, PARAMED?)
Lynnwood	16503 - 63rd Ave. W.	No YES/NO

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)	14. CITIZEN OF WHAT COUNTRY	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16. SPOUSE (IF WIFE GIVE MAIDEN NAME)	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)
Texas	USA	Married	Lucille Schaedel	Yes

18. SOCIAL SECURITY NO	19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20. KIND OF BUSINESS OR INDUSTRY
465-03-2786	Military Retired	US Air Force (Reg.)

21. RESIDENCE - NUMBER AND STREET	22. CITY/TOWN, OR LOCATION	23. INSIDE CITY LIMITS? (YES/NO)	24. COUNTY	25. STATE
16503 - 63rd Ave. W.	Lynnwood	Yes	Snohomish	Washington

26. FATHER - NAME FIRST, MIDDLE, LAST	27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST
Vosmer Dupree	Augusta Lex

28. INFORMANT - NAME	29. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Mrs. Lucille P. Dupree	16503 - 63rd Ave. W.	Lynnwood,	Washington	98036

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31. DATE (MO DAY YR)	32. CEMETERY/CREMATORY - NAME	33. LOCATION - CITY, TOWN, STATE
Burial	10/17/83	Evergreen Cemetery	Everett, Washington

34. FUNERAL DIRECTOR SIGNATURE	35. NAME OF FACILITY	36. ADDRESS OF FACILITY
X [signature]	Challacombe-Fickel & Precht	2727 Oakes Ave Everett, Washington 98201

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE X Robert W. Wood M.D.

38. DATE SIGNED (MO DAY YR)	39. HOUR OF DEATH (24 HRS)
10/17/83	6:30 AM

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	41. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)
ROBERT W. WOOD M.D.	1131 14th Ave. So. Seattle, Wa. 98144

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Oct. 18, 1983

SIGNATURE AND TITLE X [signature] SNO/CO. CORONER NO. 83-10-848

42. DATE SIGNED (MO DAY YR)	43. HOUR OF DEATH (24 HRS)

44. PRONOUNCED DEAD (MO DAY YR)	45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

1131 14th Ave. So. Seattle, Wa. 98144

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A) Cardiorespiratory Arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of the Lung with Brain Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) — INTERVAL BETWEEN ONSET AND DEATH:

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.	49. AUTOPSY? (YES/NO)	50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)
Carcinoma of Prostate	No	Yes

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)	52. INJURY DATE (MO DAY YR)	53. HOUR OF INJURY (24 HRS)	54. DESCRIBE HOW INJURY OCCURRED

55. INJURY AT WORK? (YES/NO)	56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC. (SPECIFY)	57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE X [signature] — 59. DATE RECEIVED (MO DAY YR) OCT 18 1983

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

CR 4.00

NOVEMBER 21, 1983

This is to certify that this is a true copy of the photostatic copy.

[signature]
June Glover

STATE OF OREGON,)
County of Klamath)

Filed for record at request of

on this 25 day of Nov. A.D. 19 83
at 11:39 o'clock A M, and duly
recorded in Vol. M83 of Deeds
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EVELYN BIEHN, County Clerk
By [signature] Deputy

Fee 4.00