

31897

1983 DEC 22 PM 3 01  
**STATE OF COLORADO**  
**CERTIFICATE OF DEATH**  
 (PHYSICIAN OR CORONER)

DATE REGISTERED BY STATE REGISTRAR

Vol. 83 Page 22065

Reg 60 Dist 160

STATE FILE NUMBER

COLORADO  
 DEPARTMENT  
 OF HEALTH  
 AD RS 16  
 (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

DECEASED

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35. DECEASED-NAME

1. <b>DECEASED-NAME</b> FIRST MIDDLE LAST <b>GOLDIE GLADYS DUROY</b>		2. <b>SEX</b> <b>Female</b>	3. <b>DATE OF DEATH</b> (MONTH, DAY, YEAR) <b>July 25, 1983</b>
4. <b>RACE</b> (White, Black, American Indian, etc.) <b>White</b>	5. <b>ORIGIN OR DESCENT</b> (Italian, Mexican, English, etc.) <b>American</b>	6. <b>AGE - LAST BIRTHDAY</b> (Years) <b>84</b>	7. <b>DATE OF BIRTH</b> (MONTH, DAY, YEAR) <b>May 9, 1899</b>
8. <b>CITY, TOWN OR LOCATION OF DEATH</b> <b>Montrose</b>		9. <b>COUNTY OF DEATH</b> <b>Montrose</b>	
10. <b>STATE OF BIRTH</b> (If not in U.S.A., name country) <b>Nebraska</b>		11. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
12. <b>SOCIAL SECURITY NUMBER</b> <b>524-24-1105</b>		13. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <b>Restaurant owner</b>	
14. <b>RESIDENCE-STATE</b> <b>Colorado</b>		15. <b>CITY, TOWN OR LOCATION</b> <b>Montrose 81401</b>	
16. <b>FATHER-NAME</b> FIRST MIDDLE LAST <b>William Allen McConnell</b>		17. <b>MOTHER-NAME</b> FIRST MIDDLE LAST (MAIDEN) <b>Mary Emma Underwood</b>	
18. <b>INFORMANT-NAME</b> (Relation to Deceased) <b>Clyde Duroy Husband</b>		19. <b>MAILING ADDRESS</b> STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>62773 Niagra Montrose, CO 81401</b>	
20. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		21. <b>DATE</b> (Month, Day, Year) <b>July 28, 1983</b>	
22. <b>FUNERAL DIRECTOR</b> (Signature) <i>[Signature]</i>		23. <b>NAME AND ADDRESS OF FUNERAL HOME</b> (STREET OR R.F.D. NO. CITY, STATE, ZIP) <b>MONTROSE VALLEY FUNERAL HOME, 505 S. 2nd, Montrose, CO 81402</b>	
24. <b>PHYSICIAN</b> TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT 1:10 a.m. ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED (Signature and Title) <i>[Signature]</i>		25. <b>CORONER</b> - ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and Title) <i>[Signature]</i>	
26. <b>DATE SIGNED</b> (Month, Day, Year) <b>July 25, 1983</b>		27. <b>PRONOUNCED DEAD</b> (Mo., Day, Yr., Hour) <b>July 25, 1983</b>	
28. <b>NAME AND ADDRESS OF CERTIFIER</b> (PHYSICIAN OR CORONER) (Type or Print) <b>Dr. Peter J. Jagmin MD, 164 Colorado Ave Montrose Colo. 81401</b>		29. <b>DATE RECEIVED BY REGISTRAR</b> (Month, Day, Year) <b>July 25, 1983</b>	
30. <b>REGISTRAR</b> (Signature) <i>[Signature]</i>		31. <b>DATE RECEIVED BY REGISTRAR</b> (Month, Day, Year) <b>July 25, 1983</b>	
32. <b>PART I IMMEDIATE CAUSE</b> (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) (a) <b>UNCONTROLLED SEIZURES</b> (b) <b>CVA</b> (c) <b>CHF</b>			
33. <b>PART II OTHER SIGNIFICANT CONDITIONS</b> - Conditions contributing to death but not related to cause given in PART I (a) <b>ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, PENDING INVESTIGATION.</b>			
34. <b>DATE AND HOUR OF INJURY</b> (Mo., Day, Yr., Hr.) <b>July 25, 1983</b>		35. <b>DESCRIBE HOW INJURY OCCURRED</b> <b>INJURY AT WORK (Yes or No)</b>	
36. <b>PLACE OF INJURY</b> - At home, farm, street, factory, office building, etc. <b>Montrose</b>		37. <b>LOCATION</b> (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>Montrose, CO</b>	
38. <b>INJURY AT WORK</b> (Yes or No) <b>No</b>		39. <b>AUTOPSY</b> (Yes or No) <b>No</b>	
40. <b>WAS CASE REFERRED TO CORONER</b> (Yes or No) <b>No</b>		41. <b>WAS CASE REFERRED TO CORONER</b> (Yes or No) <b>No</b>	

State of Colorado

County of Montrose,

I, Joyce Clark

Local Registrar of Vital Statistics of Montrose

County, Colorado, do hereby certify that the above is a true, full and correct copy of the original certificate of death of Goldie Gladys Duroy

in my custody and now on file in my office.

Witness my hand and official seal at Montrose, in the said State, this 25th day of July, A. D. 1983

*[Signature]*  
 Joy Clark

*[Signature]*  
 Local Registrar, Montrose County

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 23rd day of DECA.D., 1983 at 3:01 o'clock P M, and duly recorded in Vol M83, of Deeds on page 22065.

EVELYN BIEHN, COUNTY CLERK

*[Signature]*  
 Deputy

Fee \$4.00