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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

529 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Joan Elizabeth HAND
2 DATE OF DEATH (month, day, year): November 6, 1985
3 RACE (White, Black, American Indian, etc.): White
4 SEX: Female
5a AGE—Last Birthday (years): 53
5b Under 1 year (mos. / days)
5c Under 1 day (hours / min.)
6 DATE OF BIRTH (month, day, year): October 31, 1932
7a CITY, TOWN OR LOCATION OF DEATH: Bend
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Charles Medical Center
7c If Hosp. or Inst. indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Deschutes
8 STATE OF BIRTH (If not in USA, name country): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (If married, widowed): Delmer
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13 SOCIAL SECURITY NUMBER: 543-34-0853
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster/Storekeeper
14b KIND OF BUSINESS OR INDUSTRY: Retail Grocery / U.S. Mail
15a RESIDENCE—STATE: Oregon
15b COUNTY: Lake
15c CITY, TOWN, OR LOCATION: Summer Lake
15d STREET AND NUMBER OR R.F.D., ZIP: Box 878 97640
15e Inside City Limits (Specify Yes or No): No
16 FATHER—NAME (first, middle, last): Henry Austin Deboy
17 MOTHER—first, middle, last (Maiden Name): Glenna May Byram
18 INFORMANT—NAME and relationship to deceased: Delmer Hand (husband)

DISPOSITION

19a Burial, Cremation, Removal, Donation (Specify)
19b CEMETERY OR CREMATORY—NAME: Summer Lake Cemetery
19c LOCATION (City or Town, State): Summer Lake Oregon
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): Ann L Reynolds
20b NAME AND ADDRESS OF FACILITY: Kirkpatrick-Reynolds Inc. 105 N.W. Irving Bend, Oregon

CERTIFIER

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.
21a (Signature): Robert V. Pinnick
21b NAME AND ADDRESS OF CERTIFIER (Type or Print): Robert V. Pinnick M.D. 1501 N.E. Medical Center Drive Bend, Oregon 97701
21c DATE SIGNED (Mo., Day, Yr.): November 7, 1985
21d HOUR OF DEATH: 3:00 P M
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): November 7 1985
22b REGISTRAR (Signature): Jacqueline Mathis, Deputy

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Respiratory Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Intestinal Infection — 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).

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo. Day. Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
NO				Yes	Yes

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 1283

STATE OF OREGON, COUNTY OF DESCHUTES

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.

NOT VALID WITHOUT RAISED SEAL OF DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis Deputy Registrar
JACQUELINE MATHIS, DEPUTY REGISTRAR

November 7, 1985
DATE

Ret: Kirkpatrick-Reynolds Inc
Box 229
Bend, Or 97709

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of November A.D., 19 85 at 2:52 o'clock P M., and duly recorded in Vol. M85 the 13th day
of Deeds on Page 18384.

FEE $5.00

Evelyn Biehn County Clerk
By _____