

56184 10 DEC 10 PM 1 15

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

Vol. M85 Page 200

529 Local File Number

DECEASED—NAME: Joan Elizabeth

RACE: White SEX: Female AGE: 53 HAND: Left

CITY, TOWN OR LOCATION OF DEATH: Bend DATE OF DEATH (month, day, year): November 6, 1985

STATE OF BIRTH (if not in U.S.A.): Oregon DATE OF BIRTH (month, day, year): October 31, 1932

CITIZEN OF WHAT COUNTRY: U.S.A. HOSPITAL OR OTHER INSTITUTION—NAME: St. Charles Medical Center

SOCIAL SECURITY NUMBER: 543-34-0853 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

RESIDENCE—STATE: Oregon COUNTY: Deschutes USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Postmaster/Storekeeper

FATHER: Henry Austin Deboy MOTHER: Glenna May Byram

BURIAL, CREMATION, REMOVAL, MAINE (specify): Burial CEMETERY OR CREMATORY NAME: Summer Lake Cemetery

PUNERAL SERVICE LICENSEE (or Person Acting As Such): Robert V. Pinnick M.D.

NAME AND ADDRESS OF CERTIFIER (Type or Print): Robert V. Pinnick M.D.

DATE RECEIVED BY REGISTRAR (Month, Day, Year): November 7, 1985

PART I (a) IMMEDIATE CAUSE: Respiratory Failure

(b) DUE TO OR AS A CONSEQUENCE OF: Intestinal Infarction

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

ACCIDENT (Specify Yes or No): No DATE OF INJURY (Month, Day, Year):

INJURY AT WORK (Specify Yes or No): No PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

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. Delmer Hand  
Box 99  
Summer Lake, Ore  
97640

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of December of A.D. 19 85 at 1:15 o'clock P M., and duly recorded in Vol. 195 on Page 20049

FEE \$5.00

By Evelyn Biehn, County Clerk  
Ram Smith