Page 554

850153 — 85-002241

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number — State File Number

Field	Entry
1. Decedent—Name (First, Middle, Last)	THELMA P. SCHUCK
2. Date of Death (month, day, year)	February 6, 1985
3. Race	White
4. Sex	Female
5a. Age—Last birthday (years)	70
6. Date of Birth (month, day, year)	October 25 1914
7a. County of Death	Jackson
7b. City, Town or Location of Death	Medford
7c. Hospital or Other Institution—Name	Rogue Valley Memorial Hospital
7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	Inpatient
8. State of Birth	California
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Spouse (if married, widowed)	Eugene J. Schuck
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	540-12-7315
14a. Usual Occupation	Credit Manager
14b. Kind of Business or Industry	Retail J.C. Penney
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D., Zip	2501 Darrow Avenue 97601
15e. Inside City Limits	Yes
16. Father—Name	Murray Allen Harris
17. Mother—Name (Maiden Name)	Sarathine - Silva
18. Informant—Name and relationship to deceased	Eugene J. Schuck, husband
19a. Burial, Cremation, Removal	Burial
19b. Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19c. Location (City or Town, State)	Klamath Falls Oregon
20a. Funeral Service Licensee (Signature)	Ricky L Bailey
20b. Name and Address of Facility	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
21a. Certifier (Signature)	[signature]
21b. Date Signed	2.8.85
21c. Hour of Death	11:20 P M
21d. Name and Address of Certifier	Mark G. Moran MD, 2911 Siskiyou Blvd. Medford Oregon 97504
21e. Name of Attending Physician if Other Than Certifier	
22a. Date Received by Registrar	FEB 8 1985
22b. Registrar (Signature)	Jean Faltersack

23. Part I — Immediate Cause	Interval between onset and death
(a) Ventricular Asystole	30 min
(b) Due to, or as a consequence of: Congestive Heart Failure	1 year
(c) Due to, or as a consequence of:	

Part II. Other Significant Conditions:

Field	Entry
24. Autopsy	No
25. Was Medical Examiner Notified	No
26a. Accident	No
26b. Date of Injury	
26c. Hour of Injury	
26d. Describe How Injury Occurred	
26e. Injury at Work	No
26f. Place of Injury	
26g. Location	

Reserved for Registrar's Use

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12 83

DATE ISSUED APRIL 4 1985

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON COUNTY OF KLAMATH ss.

Filed for record at request of ______ the 10th day of January A.D. 19 86 at 11:57 o'clock A M. and duly recorded in Vol M86 of Deeds on Page 554

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Ret. Robert P. Bell, Atty. 12720 S. W. 2nd St., Beaverton, Oregon 97005