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K-38322

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KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 6328 OCT 22 1985

DECEDENT—NAME  
1. **LYNN BENTON SKEEN, JR.** LAST **SKEEN, JR.** SEX **Male** STATE FILE NUMBER

AGE—Last Birthday (Yr.) **64** UNDER: YEAR **MO.** DAYS **17** LATER: DAY **17** HOURS **17** DATE OF BIRTH (Mo., Day, Yr.) **Jul. 17, 1921** RACE—(e.g., White, Black, American Indian, etc.) **White** ORIGIN OR DESCENT—(Specify) **American** DATE OF DEATH (Month, Day, Year) **Oct. 14, 1985**

COUNTY OF DEATH **Cloud** CITY, TOWN OR LOCATION OF DEATH **Concordia** HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) **St. Joseph's Hospital**

STATE OF BIRTH (if not in U.S.A., name country) **California** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** SURVIVING SPOUSE (if wife, give maiden name) **Phyllis J. Waylan** IF HOSP. OR INST. INDICATE DOA, OTHER: Am., Japanese (Specify) **DOA**

SOCIAL SECURITY NUMBER **544-09-6805** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Surveyor** WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) **Yes**

RESIDENCE—STATE **Kansas** COUNTY **Ottawa** CITY, TOWN OR LOCATION **Delphos 67436** KIND OF BUSINESS OR INDUSTRY **U. S. Government**

FATHER—NAME **Lynn Benton** MOTHER—MAIDEN NAME **Vinie J. Keeton**

INFORMANT—NAME (Type or Print) **Phyllis J. Skeen** MAILING ADDRESS **410 Kansas, Delphos, KS 67436** INSIDE CITY LIMITS (Specify Yes or No) **Yes**

BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Burial** CEMETERY OR CREMATORY—NAME **Roselawn Memorial Park** LOCATION **Salina, KS**

FUNERAL SERVICE LICENSEE (A) (Specify) **J. Bruce Shields, 2665 Shields F.H., Minneapolis, KS** NAME OF EMBALMER & LICENSE NO. **J. Bruce Shields, 2665 Shields F.H., Minneapolis, KS**

DATE SIGNED (Mo., Day, Yr.) **Oct 16, 1985** HOUR OF DEATH **7:55 P**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **Dr. J. Harwood, M.D.** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **10-17-1985**

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) **Dr. J. Harwood, M.D., P.O. Box 438 Gladco KS 67445**

REGISTRAR **Yerna West**

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) **Cerebral hemorrhage** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **10-17-1985**

DUE TO, OR AS A CONSEQUENCE OF: **20 minutes**

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

ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) **NO** DATE OF INJURY (Mo., Day, Yr.) **NO** HOUR OF INJURY **NO** AUTOPSY (Yes or No) **NO** IF YES WERE FINDINGS CONSIDERED BY DETERMINING CAUSE OF DEATH (Yes or No) **NO** WAS CASE REFERRED TO CORONER (Specify Yes or No) **NO**

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

After Recording Return To:  
Phyllis J. Skeen  
Box 354  
Dephos, KS 67436

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of  
of May

A.D., 19 86 at 8:33 o'clock A M., and duly recorded in Vol. M86 day  
of Deeds on Page 8533

FEE \$5.00

Evelyn Biehn, County Clerk  
By Pam Smith