DIVISION OF HEALTH

66945

Vol. 44 Page 18488

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

DECEDENT

1. NAME-FIRST, MIDDLE, LAST: GLADYS EVELYN CHANEY
2. SEX: FEMALE
3. DEATH DATE (MO DAY YR): AUG. 19, 1986
STATE FILE NUMBER: 146-8
4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)): WHITE
5. AGE - LAST BIRTH DAY (YRS): 69
6. UNDER 1 YEAR: MOS / DAYS
7. UNDER 1 DAY: HOURS / MINS
8. BIRTHDATE (MO DAY YR): JULY 13, 1917
9. COUNTY OF DEATH: THURSTON
10. CITY, TOWN OR LOCATION OF DEATH: ROCHESTER
11. PLACE OF DEATH (■ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0 ■HOME 2 ☐INTRANSPORT 3 ☐EMERG RM/OUT PTN 4 ☐HOSP 5 ☐NUR HOME 1 ☐OTHER PLACE: 18522 ELDERBERRY STREET S. W.
12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRETR, PARAMED)? YES/NO: NO
12. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): KANSAS
14. CITIZEN OF WHAT COUNTRY: U. S. A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): JAMES GILBERT CHANEY
17. WAS DECEDENT EVER IN US ARMED FORCES? (YES/NO): NO
18. SOCIAL SECURITY NO.: 514-09-3858
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): HOMEMAKER
20. KIND OF BUSINESS OR INDUSTRY: OWN HOME
21. RESIDENCE - NUMBER AND STREET: 4510 PECK DRIVE
22. CITY/TOWN, OR LOCATION: KLAMATH FALLS
23. INSIDE CITY LIMITS? (YES/NO): NO
24. COUNTY: KLAMATH
25. STATE: OREGON

PARENTS / INFORMANT

26. FATHER - NAME FIRST, MIDDLE, LAST: JOHN NELSON GOODEN
27. MOTHER MAIDEN NAME FIRST, MIDDLE, LAST: ROSA MAE BUTEFISH
28. INFORMANT - NAME: JAMES G. CHANEY JR.
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 18522 ELDERBERRY STREET S. W., ROCHESTER, WASHINGTON

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): CREMATION
31. DATE (MO DAY YR): AUG. 20, 1986
32. CEMETERY/CREMATORY - NAME: BLACK HILLS CREMATORY
33. LOCATION - CITY/TOWN, STATE: OLYMPIA, WASHINGTON
34. FUNERAL DIRECTOR - SIGNATURE: X Keith E. Hessler
35. NAME OF FACILITY: FOREST FUNERAL HOME
36. ADDRESS OF FACILITY: BOX 2934, OLYMPIA, WA 98507

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X Dave Fick
38. DATE SIGNED (MO DAY YR):
39. HOUR OF DEATH (24 HRS): 1455
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): DAVID FICK, M. D.
41. PRONOUNCED DEAD (MO DAY YR):
42. HOUR PRONOUNCED DEAD (24 HRS): 1455
43. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): DAVID FICK, M. D., 1800 COOKS HILL ROAD, CENTRALIA, WASHINGTON

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X

CAUSE OF DEATH

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C).)
(A) Respiration Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Lung Ca - large cell — INTERVAL BETWEEN ONSET AND DEATH: 7 mos
DUE TO, OR AS A CONSEQUENCE OF:
(C) — INTERVAL BETWEEN ONSET AND DEATH:
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
49. AUTOPSY? (YES/NO): NO
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): YES
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)
52. INJURY DATE (MO DAY YR)
53. HOUR OF INJURY (24 HRS)
54. DESCRIBE HOW INJURY OCCURRED
55. INJURY AT WORK? (YES/NO)
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE: X Robert K Murphy MD
59. DATE RECEIVED (MO DAY YR): AUG 20 1986

This is to certify that the foregoing is a true, full, correct copy of the original certificate of death of Gladys Evelyn CHANEY *on file in this office.*

Robert K Murphy MD
Health Officer and Registrar
THURSTON COUNTY HEALTH DEPARTMENT

By Elizabeth M. Dooley

Olympia, Washington Aug. 22, 1986

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

DSHS 9-841A (11/86)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of October A.D., 19 86 at 2:20 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 13438.

the 9th day

FEE $5.00

Return: A.T.C.

Evelyn Biehn, County Clerk
By _____