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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Margaret	Helen	Malecka	Oct. 27, 1984	2332

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Female	White	6	Oct. 20, 1923	61 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minn.	Herrick Pratt - Minn.	Laura Zimmer - Minn.

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	476-18-8555	Married	Richard Malecka

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Housewife	Adult Life	Self	Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
2500 Lindley Way	0000-80	Klamath Falls

19D. COUNTY	19E. STATE
Klamath	Oregon

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
St. Joseph's Hospital	San Joaquin

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1800 N. California St.	Stockton

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Richard Malecka - Husband
2500 Lindley Way
Klamath Falls, Oregon 97601

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

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

			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bronchogenic Carcinoma	10/84	
DUE TO, OR AS A CONSEQUENCE OF	(B)		
DUE TO, OR AS A CONSEQUENCE OF	(C)		

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	No	No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
10-14-84	10-25-84	R. G. Monie	10-30-84	G-31173

28E. TYPE PHYSICIAN'S NAME AND ADDRESS
R. G. Monie, M.D., 1610 N. El Dorado, Stkn. STE 19

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Oct. 30, 1984	San Joaquin Cemetery, Stockton, Ca.	4121 Theron Lyman, Jr.

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
DeYoung Memorial Chapel	F 208	Jack Williams, M.D.	OCT 30 1984

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (7-83)

87604-649 8-83 400M DUP ⊙ OSP

I, Jack J. Williams, M.D., Local Registrar of Vital Statistics for the County of San Joaquin, do hereby certify that the foregoing is a true and correct copy of the certificate on file in my office.

Jack J. Williams, M.D.

SEAL — CALIFORNIA — FEBRUARY — 1922

Date: October 31, 1984

By: Wanna L. Hobbs
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Proctor & Fairclo the 7th day of Dec. A.D., 19 89 at 2:04 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 23680.

Evelyn Biehn County Clerk
By Pauline Muellerleile

FEE $8.00

Return: Proctor & Fairclo
280 Main, Klamath Falls, Or. 97601