MUC 22249?

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

103

Vol. M89 Page 24795

77
Local File Number

CERTIFICATE OF DEATH

State File Number

Field	Entry
DECEASED—NAME First / Middle / Last	Barbara T. McAuliffe
2. DATE OF DEATH (month, day, year)	June 12, 1979
3. RACE—White, Black, American Indian, etc. (specify)	White
4. SEX	Female
5a. AGE—Last birthday (years)	43
6. DATE OF BIRTH (month, day, year)	October 12, 1935
7a. COUNTY OF DEATH	Klamath
7b. CITY, TOWN OR LOCATION OF DEATH	Malin
7c. HOSPITAL OR OTHER INSTITUTION—NAME	Box 471 (Residence)
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	—
8. STATE OF BIRTH (If not in U.S.A., name country)	Missouri
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. SPOUSE (IF MARRIED, WIDOWED)	Edmond M. McAuliffe
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No
13. SOCIAL SECURITY NUMBER	541-38-2965
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Homemaker
14b. KIND OF BUSINESS OR INDUSTRY	—
15a. RESIDENCE—STATE	Oregon
15b. COUNTY	Klamath
15c. CITY, TOWN, OR LOCATION	Malin
15d. STREET AND NUMBER OR R.F.D., ZIP	Box 471 97632
15e. Inside City Limits (specify yes or no)	No
16. FATHER—NAME first middle last	Andrew Devron Salyers
17. MOTHER—Maiden Name first middle last	Thelma Owsley
18. INFORMANT—NAME and relationship to deceased	Edmond M. McAuliffe, Husband
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
19b. CEMETERY OR CREMATORY—NAME	Malin Community Cemetery
19c. LOCATION city or town / state	Malin, Oregon
20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	[signature]
20b. NAME AND ADDRESS OF FACILITY	O'Clair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature)	Thomas E. Klump
21b. DATE SIGNED (Mo., Day, Yr.)	
21c. HOUR OF DEATH	6:00 A.M.
21d. CERTIFIER — NAME AND TITLE (Type or print)	Thomas Klump, M.D.
MAILING ADDRESS (Street, city or town, state, zip)	Medical Dental Bld., Klamath Falls, Ore. 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	JUN 13 1979
22b. REGISTRAR (Signature)	[signature]

23. PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

	Cause	Interval between onset and death
(a)	INTRACRANIAL MALIGNANT MELANOMA	1 yr
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

Field	Entry
PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	
24. AUTOPSY (Specify Yes or No)	No
25. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	Yes
26a. ACCIDENT (Specify Yes or No)	NO
26b. DATE OF INJURY (Mo, Day, Yr.)	
26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)	NO
26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

'89 DEC 22 PM 4 29

After Recording return to-
Edmond M McAuliffe
PO BOX 471
Malin OR 97632

VS-2 Rev-8-78 P-65412

DATE ISSUED JULY 13 1979

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 STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

[signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 22nd day of Dec. A.D., 19 89 at 4:29 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 24795.

Evelyn Biehn - County Clerk

By [signature]

FEE $8.00