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14438

State of Idaho

CERTIFICATE OF DEATH

State File No. 988
Local Reg. No. 374
Reg. Dist. No.

MAY 5 1982

TYPE OR PRINT IN PERMANENT INK

DECEDENT

1. Decedent's Name: BETTY HIBBERD
2. Sex: Female
3. Date of Death: May 2, 1982
4. Race: White
5. Age: 60
6. Date of Birth: Sept. 18, 1921
7. County of Death: Ada
8. City, Town or Location of Death: Boise
9. Hospital or Other Institution: St. Luke's Regional Medical Center
10. If Hosp. or Inst., Indicate Dec. Was Inpatient: Inpatient
11. State of Birth: New Mexico
12. Citizen of What Country: USA
13. Social Security Number: 480-12-7623
14. Married, Never Married, Widowed, Divorced: Married
15. Surviving Spouse: William S. Hibberd
16. Was Decedent Ever in U.S. Armed Forces: No
17. Usual Occupation: Secretary
18. Kind of Business or Industry: Secretarial
19. Residence: State: Idaho
20. County: Valley
21. City, Town or Location: Yellow Pine
22. Street and Number: Rural
23. Inside City Limits: No

PARENTS

24. Father's Name: James Ariel Johnson
25. Birthplace: S. Dakota
26. Mother's Maiden Name: Mary Walker
27. Birthplace: -

28. Informant's Name: William S. Hibberd
29. Mailing Address: Box 42, Yellow Pine, Idaho 83677

DISPOSITION

30. Burial, Cremation, Removal (Specify): Burial
31. Date: 5-7-82
32. Cemetery or Crematory Name: Pioneer Cemetery
33. Location: Yellow Pine, Idaho
34. Mortician (Signature): James G. Maguire
35. License No.: M-669
36. Name of Facility: Summers Funeral Home
37. Address of Facility: 1205 W. Bannock, Boise, Idaho

CERTIFIER

38. To be Completed by Attending Physician Only: I hereby certify that I attended the deceased from 4/13/82 to 5/4/82. I last saw the deceased alive on 5/4/82. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title): M. Beck
39. Date Signed (Mo., Day, Yr.): 5/4/82
40. Hour of Death: 8:50 PM
41. Name and Address of Certifier (Physician or Coroner) (Type or Print): Thomas M. Beck, M.D. 15, S. Bannock, Boise

42. To be Completed by Coroner Only: 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.
(Coroner's Signature)
43. Date Signed (Mo., Day, Yr.)
44. Hour of Death
45. Pronounced Dead (Mo., Day, Yr.)
46. Pronounced Dead (Hour)

47. Registrar: Georgia Chapin
48. Date Received by Registrar (Mo., Day, Yr.): May 4, 1982

CAUSE OF DEATH

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

49. Immediate Cause (Enter only one cause per line for (a), (b), and (c)): Carcinoma, Breast. — Interval between onset and death: 11 mo —
PART I
(a) Due to, or as a consequence of:
(b) Due to, or as a consequence of:
(c)
PART II Other Significant Conditions - Conditions contributing to death but not related to cause given in PART I (a)

50. Autopsy (Yes or No): No

51. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify)
52. Date of Injury (Mo., Day, Yr.)
53. Hour of Injury
54. Describe How Injury Occurred
55. Injury at Work (Yes or No)
56. Place of Injury (At home, farm, street, factory, other building, etc. (Specify))
57. Location

'90 MAY 11 AM 11 33

After recording return to—
W.S. Hibberd
1146 Magnolia Ave
Yuma, AZ 85364

State of Idaho
County of Ada

THIS IS TO CERTIFY that this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

MAY 10 1982
Date Issued

Lee Briggs R.N.
State Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 4th day of May A.D., 19 90 at 11:33 o'clock AM., and duly recorded in Vol. M90, of Deeds on Page 8475.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00