CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

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87-117959 **CERTIFICATE OF DEATH** 4700-213

STATE OF CALIFORNIA

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—First: MARY	1B. Middle: LUCILE	1C. Last: HILYARD	8A. DATE OF DEATH (Month, Day, Year): July 21, 1987	8B. HOUR: 9:15 AM
	2. SEX: Female	4. RACE/ETHNICITY: White	5. SPANISH/HISPANIC: NO	6. DATE OF BIRTH: February 25, 1928	7. AGE: 59 Years
	9. BIRTHPLACE OF DECEDENT (State or Foreign Country): Kansas	9. NAME AND BIRTHPLACE OF FATHER: David Totman - unk.			10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Rosella - unk.
	11A. CITIZEN OF WHAT COUNTRY: U.S.A.	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 TO 19	12. SOCIAL SECURITY NUMBER: 567 - 32 - 3710	12. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME: Harvey Hilyard
	15. PRIMARY OCCUPATION: Housewife	16. NUMBER OF YEARS THIS OCCUPATION: life	17. EMPLOYER OF SELF-EMPLOYED, GO STATE: self - employed		18. KIND OF INDUSTRY OR BUSINESS: at home
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (Street and Number or Location): 1925 Kings Ave.	19B.			19C. CITY OR TOWN: Mt. Hebron
	19D. COUNTY: Siskiyou	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Harvey Hilyard 1925 Kings Ave. Mt. Hebron, Cal.		
PLACE OF DEATH	21A. PLACE OF DEATH: 1925 Kings Ave - At Home	21B. COUNTY: Siskiyou			
	21C. STREET ADDRESS (Street and Number or Location): 1925 Kings Ave.	21D. CITY OR TOWN: Mt. Hebron			
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins Lymphoma	DUE TO, OR AS A CONSEQUENCE OF (b)	DUE TO, OR AS A CONSEQUENCE OF (c)	Years	24. WAS DEATH REPORTED TO CORONER? Yes (87-84)
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	25. WAS BIOPSY PERFORMED? No
					26. WAS AUTOPSY PERFORMED? 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: No	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
			28E. TYPE PHYSICIAN'S NAME AND ADDRESS		
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: Edward L. Keyes Richard L. Keyer, Undersheriff		35C. DATE SIGNED: 8-4-87	35D. CORONER'S LICENSE NUMBER AND DESIGNATION: Ore. Jim Lancaster 473224
	36. DISPOSITION: Cremation	37. DATE—Month, Day, Year: July 22, 1987	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Eternal Hills / 4711 Hwy 139 / K.Falls,Ore.		
	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Ward's Klamath Funeral Home	40B. LICENSE NO.: Or. 488148	41. LOCAL REGISTRAR—SIGNATURE: P.K. Bley by V. Montaccio	42. DATE ACCEPTED BY LOCAL REGISTRAR: AUG 4 1987	
STATE REGISTRAR	A. 7	B. X	C. 1	D.	E.

'91 JAN 22 AM 9 55

Return: KCTC

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Smitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED JAN 14 1991

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 22nd day of Jan. A.D., 19 91 at 9:55 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 1297.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00