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Vol. 92 Page 25157

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Form VS-101  
REV. 1-89

## CERTIFICATE OF DEATH

STATE FILE NUMBER

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS — JUNEAU ALASKA 99811-0675

RECORDER'S NO.

92-92

DATE RECEIVED

1. DECEDENT'S NAME (First, Middle, Last)

BILLIE ANN BAKER

2. SEX

F

3. DATE OF DEATH (Month, Day, Year)

October 10, 1992

4. SOCIAL SECURITY NUMBER

564-34-6673

5a. AGE—Last Birthday (Years)

61

5b. UNDER 1 YEAR

Months Days

5c. UNDER 1 DAY

Hours Minutes

6. DATE OF BIRTH (Month, Day, Year)

June 11, 1931

7. BIRTHPLACE (State or Foreign Country)

Missouri

PLACE OF DEATH  
ALASKA

9a. PLACE OF DEATH (Check only one; see instructions on other side)

HOSPITAL ☐Inpatient ☐ER/Outpatient ☐DOA ☐OTHER: ☐Nursing Home ☐Residence ☐Other (Specify) ☒

Hotel

9b. FACILITY NAME (If not institution, give street and number)

Pioneer Motel #3 - Arctic &amp; Glenn

9c. CITY, TOWN, OR LOCATION OF DEATH

Palmer

10. MARITAL STATUS

☐ NEVER MARRIED☒ MARRIED☐ WIDOWED☐ DIVORCED

11. SURVIVING SPOUSE (If wife, give maiden name)

Ralph R. Baker

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

Letter Carrier

12b. KIND OF BUSINESS/INDUSTRY

U.S. Postal Service

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?

☐ YES☒ NO☐ UNKNOWN

14a. RESIDENCE—STATE

Oregon

14b. CITY, TOWN, OR LOCATION

Keno

14c. STREET AND NUMBER

13550 Kamn Springs Drive

14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY?

☒ YES ☐ NO

14e. ZIP CODE

97627

15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

☒ NO ☐ YES Specify:

16. RACE—Filipino, Black, Native, White, etc.

Specify: White

17. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

College (1-4 or 5+)

12

18. FATHER'S NAME (First, Middle, Last)

William Connelly

19. MOTHER'S NAME (First, Middle, Maiden Surname)

Augustine Bolen

20a. INFORMANT'S NAME (Type/Print)

Ralph R. Baker - Husband

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

P. O. Box 626, Keno, Oregon 97627

21a. METHOD OF DISPOSITION

☐ Burial☒ Cremation☐ Removal from State☐ Other (Specify)

21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

Kehl's Forest Lawn Crematory

21c. LOCATION—City or Town, State

Anchorage, Alaska

22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

Alvin J. Ancheta

22b. NAME AND ADDRESS OF FACILITY

Kehl's Palmer Mortuary

P. O. Box 111127, Anchorage, Alaska 99511-1127

Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated.

Signature and Title

23b. DATE SIGNED (Month, Day, Year)

24. TIME OF DEATH

N/A

25. DATE PRONOUNCED DEAD (Month, Day, Year)

October 10, 1992

26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?

☐ Yes☒ No

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Multiple recurrent intradural extramedullary spinal metastases.

DUE TO (OR AS A CONSEQUENCE OF):

IMMEDIATE CAUSE (Final disease or condition resulting in death)

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

Metastatic small cell carcinoma of brain.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1. Depression.  
2. Lethargy and cachexia.  
3. Bowel perforation.

28a. WAS AN AUTOPSY PERFORMED?

☐ Yes☒ No

28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH?

☐ Yes☐ No

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23)☐ PRONOUNCING AND CERTIFYING PHYSICIAN / HEALTH CARE PROVIDER (Pronouncing both death and certifying cause of death)☐ MEDICAL EXAMINER/CORONER (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)☐ MEDICAL EXAMINER/CORONER (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) and manner as stated.)

29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH

Latha Subramanian M.D.

29c. DATE SIGNED (Month, Day, Year)

10/15/92

29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print name of certifier)

Latha Subramanian, MD, 718 K Street, Anchorage, Alaska 99501

30. MANNER OF DEATH

☒ Natural☐ Pending☐ Accident☐ Investigation☐ Suicide☐ Could not be☐ Homicide☐ Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

☐ Yes☐ No

31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

31e. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

32. RECORDER'S SIGNATURE

T. T.

33. DATE FILED (Month, Day, Year)

10/16/92

ORIGINAL - STATE COPY

Return: Ralph Baker  
P.O. Box 626  
Keno, Or. 97627

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Ralph Baker

on this 27th day of Oct. A.D., 19 92  
at 9:12 o'clock A M. and duly recorded  
in Vol. M92 of Deeds Page 25157  
Evelyn Biehn County Clerk

By Douglas Muckendore  
Deputy.

Fee, \$15.00

I hereby certify that this is a true and correct  
copy of the original on file in my office.  
ATTEST:

By [Signature] Clerk of The Trial Court  
Date: 10/26/92 Deput