

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH — STATE FILE COPY

## State of Delaware

BUREAU OF  
VITAL STATISTICSDEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PHYSICAL HEALTH

LOCAL REG. NO.

STATE FILE NO.

1. PLACE OF DEATH A. COUNTY <b>SUSSEX</b> DELAWARE		2. USUAL RESIDENCE (WHERE DECEASED LIVED; IF INTERMITTENT, RESIDENCES BEFORE ADMISSION) A. STATE <b>MARYLAND</b> B. COUNTY	
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <b>LEWES</b>		C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <b>COLUMBIA</b>	
D. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET ADDRESS) <b>BEEBE HOSPITAL</b>		D. STREET ADDRESS <b>9377 INDIAN CAMP ROAD</b>	
E. IS PLACE WITHIN CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE WITHIN CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) FIRST <b>DELORES</b> C. <b>C.</b> MIDDLE <b>C.</b> LAST <b>SLUSHER</b>		4. DATE OF DEATH MONTH <b>8</b> DAY <b>4</b> YEAR <b>74</b>	
5. SEX <b>F</b>	6. RACE <b>W</b>	7. MARITAL STATUS NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. SOCIAL SECURITY NUMBER <b>543-32-2183</b>
9. USUAL OCCUPATION (TYPE OF WORK, SERVICE, ETC.) <b>SCHOOL TEACHER</b>		10. COUNTRY OF BIRTH (WRITE FULL NAME OF COUNTRY) <b>U.S.A.</b>	
11. DATE OF BIRTH <b>21 DEC 32</b>		12. AGE (LAST BIRTHDAY) <b>41</b>	
13. PLACE OF BIRTH (CITY OR TOWN, STATE, AND COUNTRY) <b>OREGON</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES?	
15. FATHER'S NAME <b>FRED M. SLUSHER</b>		16. MOTHER'S NAME <b>MERCEDES HEAVERNE</b>	
17. NAME OF SPOUSE <b>SINGLE</b>		18. INFORMANT <b>O'HAIR FUNERAL CHAPEL</b>	
19. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) PART 1 — DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <b>Laennec's cirrhosis of the liver</b> DUE TO (B) <b>and fatty metamorphosis of the liver</b> CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		Medical findings <b>8-22-74</b> INTERVAL BETWEEN ONSET AND DEATH	
PART 2 — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (A)		20. Was Autopsy Performed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		22. DESCRIBE HOW INJURY OCCURRED	
23. TIME OF INJURY HOUR <b>M</b> MONTH <b>M</b> DAY <b>M</b> YEAR <b>M</b>		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
25. PLACE OF INJURY HOME, FACTORY, STREET, ETC.		CITY OR TOWN <b>STATE</b>	
26. I CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN AUTOPSY <input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> INQUIRY <input checked="" type="checkbox"/> AND IN MY OPINION DEATH RESULTED FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED MANNER <input type="checkbox"/>			
SIGNATURE <b>Judith H. Tobin</b>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
DATE SIGNED <b>8-5-74</b>			
27. BURIAL, CREMATION, OR OTHER (WRITE TYPE AND LOCATION) <b>SHIPMENT</b>		28. DATE OF INTERMENT <b>AUG. 6, 1974</b>	
29. NAME OF CEMETERY OR CREMATORY <b>MT. CALVARY CEMETERY</b>		30. FUNERAL DIRECTOR'S ADDRESS <b>114 W. FOURTH - LEWES-DELA.</b>	
31. LOCATION (CITY, TOWN, OR COUNTY) <b>KLAMATH FALLS, ORE</b>		32. DATE RECEIVED BY REGISTRAR <b>AUG 22 1974</b>	
33. REGISTRAR'S SIGNATURE <b>B. J. Miller M.D.</b>			

I certify this is an actual copy of the official record filed with this office.

0038625

Dover, Delaware 19901  
Place Issued

AUG 22 1974

Date Issued

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Nancy Roeder the 15th day  
of Dec. A.D., 19 92 at 3:04 o'clock P.M., and duly recorded in Vol. M92  
of Deeds on Page 29854

Evelyn Biehn County Clerk

By Dorlene Muelhause

FEE \$10.00

Return: Nancy Roeder

5827 Valley Ct., Klamath Falls, Or. 97603