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ID TAG NO.

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RCVD

MTC 30613

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Volume 3 Page 20978

CERTIFICATE OF DEATH

ORS - 146

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT
IF DEATH
OCCURRED IN
INSTITUTION,
E. HANDBOOK
REGARDING
COMPLETION OF
IDENTITY ITEMS

POSITION
1
2
3

CERTIFIER
MEDICAL
EXAMINER

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

CAUSE OF
DEATH

DECEASED - NAME		First	Middle	Last	State File Number	
1 Alice		Lucille	STUCKY	2 June 09, 1987		
3 White		4 Female	5a 39	6 February 25, 1948		7a Lane
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP OR INST. Indicate OOA		COUNTY OF DEATH
7a Springfield		7b McKenzie-Willamette Hospital		7c Inpatient		7d Lane
8 Oregon		9 USA		10 Married		11 Roy
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
13 543 58 5665		14a Homemaker		14b Own Home		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP
15a Oregon		15b Lane	15c Springfield	15d 87383 Cedar Flat Rd.		15e No
FATHER - NAME		MOTHER - NAME	INFORMANT - NAME and relationship to deceased			
16 Lyle Russell Mathre		17 Lucille Marion Sandwick	18 Roy K. Stucky, Husband			
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION		
19a Cremation		19b Buell Chapel Crematorium		19c Springfield, Oregon		
FUNERAL SERVICE LICENSES OF PERSON acting as such (Specify)		NAME AND ADDRESS OF FACILITY				
20a		20b Buell Chapel, 320 N. 6th St., Springfield OR 97477				
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT						
DEATH OCCURRED (Hour)		THE DECEASED WAS PRONOUNCED DEAD		FROM:		
21a 0427h		21b June 09, 1987		21c NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/>		
CERTIFIER (Signature)		DATE SIGNED (Month, Day, Year)		NAME AND TITLE - (Type or Print)		
21d L. Samuel Vickers, M.D.		21e 6-9-87		21f L. Samuel Vickers MD		
MEDICAL EXAMINER		REGISTRAR		22b (Signature)		
21f LANE		22a REC'D JUN 11 1987		22b (Signature) L. Von Harner, Deputy		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)						
PART I (a) Pulmonary embolus						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						
(b) due to laceration of spleen, left renal vein, and rib fracture						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						
(c) due to blunt impact to the trunk.						Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)						AUTOPSY (Specify Yes or No)
						24 YES
DATE OF INJURY (Month, Day, Year)		HOUR	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 23)			
25a June 01, 1987		25b 0726h	25c She was the driver of a car which was hit from behind by another vehicle.			
INJ. AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION			
25d NO		25e Highway	25f McKenzie Highway (126) at Cedar Flats, Lane County Oregon			
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?						
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> No Information						
WAS GIFT MADE?						
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>						
RESERVED FOR REGISTRAR'S USE						

45-107 Rev 8-86

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF LANE

DATE June 11, 1987

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

David L. White
Registrar of Vital Statistics

By [Signature]
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 20th day
of Aug. A.D. 19 93 at 2:56 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 20978.

FEE \$10.00

Evelyn Biehn County Clerk

By [Signature]

Return: Western Pioneer Title, 1717 Centennial Blvd. #5, Springfield, Or. 97477