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30630

'74-019021

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Local File Number 443

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First ANNA Middle LOU Last STRUNK
2. DATE OF DEATH (month, day, year): December 9, 1974
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last Birthday (years): 43
5b. Under 1 year: months
5c. Under 1 day: hours, minutes
5. DATE OF BIRTH (month, day, year): January 8, 1931
6. COUNTY OF DEATH: Klamath
6a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
6b. Inside City Limits (specify yes or no): Yes
6c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
7. STATE OF BIRTH (If not in U.S.A., name country): Arkansas
8. CITIZEN OF WHAT COUNTRY: USA
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10. NAME OF SPOUSE: Cecil L. Strunk
11. SOCIAL SECURITY NUMBER: 544 - 38 - 3269
12. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13a. KIND OF BUSINESS OR INDUSTRY: Homemaking
13b. RESIDENCE—STATE: Oregon
14a. COUNTY: Klamath
14b. CITY, TOWN, OR LOCATION: Klamath Falls
14c. Inside City Limits (specify yes or no): No
14d. STREET AND NUMBER OR R.F.D.: Route #1 - Box 925 C
15. FATHER—NAME first middle last: Andrew Cook
16. MOTHER—Maiden Name first middle last: M. Oma Baughman
17. INFORMANT—NAME and relationship to deceased: Cecil L. Strunk - Husband

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause — (a) Respiratory Arrest — approximate interval between onset and death: 3 min
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b) due to, or as a consequence of: Intracranial Cancer 2° to Metastasis Mult. yrs — 3 days
(c) due to, or as a consequence of: Carcinoma of Breast - Metastatic — 2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19. ACCIDENT (specify yes or no)
19a. AUTOPSY (yes or no)
19b. IF YES were findings considered in determining cause of death
20a. INJURY AT WORK (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)
20g.

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: March 11 1974 to 12 18 74
And Last Saw Him/Her Alive on: month 12 day 8 year 24
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 2:35 A.M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Fred B. Oldham M.D.
22b. NAME (type or print): Fred B. Oldham degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 12/19/74
23. MAILING ADDRESS—PHYSICIAN: street 2624 Campus Drive; city or town Klamath Falls; state Oregon; zip 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 11 Dec. 1974
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Inc. - Box 217 - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE:
RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY LOCAL REGISTRAR
27. DATE RECEIVED BY STATE REGISTRAR: DEC 23 1974
28.

VS-2 R-69

STATE OF OREGON

County of Multnomah ss.

DATE ISSUED FEB. 21, 1975

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Cecil Strunk the 4th day of Nov A.D., 19 94 at 11:02 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 34176.

FEE $10.00

Evelyn Biehn County Clerk

By Louise Mullendore

Return: Cecil Strunk, 1470 Morningside Ln, Klamath Falls 97603