

74-019021

CERTIFICATE OF DEATH

DECEASED NAME First: ANNA Middle: LOU Last: STRUNK		State File Number	
RACE: White		DATE OF DEATH (month, day, year) December 9, 1974	
SEX: Female		DATE OF BIRTH (month, day, year) January 8, 1931	
AGE: Last birthday (years) 43		Under 1 year: 5a. mos. 5b. days 5c. hours 5d. min.	
COUNTY OF DEATH: Klamath		CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	
STATE OF BIRTH (if not in U.S.A., name country): Arkansas		HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number): Presbyterian Intercommunity	
CITIZEN OF WHAT COUNTRY: USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	
SOCIAL SECURITY NUMBER: 511-38-3269		NAME OF SPOUSE: Cecil L. Strunk	
RESIDENCE-STATE: Oregon		KIND OF BUSINESS OR INDUSTRY: Homemaking	
CITY, TOWN, OR LOCATION: Klamath Falls		STREET AND NUMBER OR R.F.D.: Route #1 - Box 925 C	
FATHER NAME: Andrew Cook		MOTHER: M. Ona Baughman	
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) (a) Respiratory Arrest (b) Intracranial Pressure 2° to Metastasis Multiple (c) Carcinoma of Breast - Metastatic		INFORMANT NAME and relationship to deceased: Cecil L. Strunk - Husband	
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (yes or no): 19a. No 19b. If YES were findings considered in determining cause of death	
ACCIDENT (specify yes or no): 20a. No		DATE OF INJURY (month, day, year): 20b. 12/8/74	
INJURY AT WORK (specify yes or no): 20c. No		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d. M.	
PLACE OF INJURY at home, farm, street, factory, etc. (specify): 20f. No		LOCATION (street or R.F.D. No., city or town, county, state): 20g. Klamath Falls, Oregon	
CERTIFICATION- PHYSICIAN: I attended the deceased from: 21. Month 11/14 to 12/8/74		And Last Saw Him/Her Alive on: 21. 12/8/74	
PHYSICIAN SIGNATURE: Fred B. Oldham		I Did/Did Not view the body after death (specify): 21. d, did not	
MAILING ADDRESS- PHYSICIAN: 22a. 2624 Campus Drive		DEATH OCCURRED (hour): 22. 2:35 A.M.	
CITY, TOWN, OR LOCATION: Klamath Falls, Oregon		DATE SIGNED (month, day, year): 22c. 12/9/74	
BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial		CEMETERY OR CREMATORY NAME: 24b. Eternal Hills	
LOCATION: 24c. Klamath Falls, Oregon		DATE (mo., day, year): 24d. 11 Dec. 1974	
FUNERAL DIRECTOR SIGNATURE: Ward's Klamath Funeral Home, Inc.		FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip): 25b. Klamath Falls, Oregon	
REGISTER SIGNATURE: 26a. 26b. 27. DEC 23 1974		DATE RECEIVED BY LOCAL REGISTRAR: 26b. 27. DEC 23 1974	

VS-2 R-29

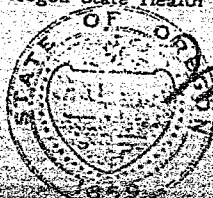
STATE OF OREGON

County of Multnomah

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
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

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