22270

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STATE FILE NUMBER

STATE OF COLORADO
CERTIFICATE OF DEATH

96 JUL 30 A11:12

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Nadine E. HARLING
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 24, 1992
4. SOCIAL SECURITY NUMBER: 347-24-4081
5a. AGE - Last Birthday (Years): 60
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hrs. / Mins.)
6. DATE OF BIRTH (Month, Day, Year): October 14, 1932
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 154 Pinyon Circle
9c. CITY, TOWN, OR LOCATION OF DEATH: Rangely
9d. COUNTY OF DEATH: Rio Blanco
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
10b. KIND OF BUSINESS/INDUSTRY: Merchant
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If wife, give maiden name): Noel Harling
13a. RESIDENCE-STATE: Colorado
13b. COUNTY: Rio Blanco
13c. CITY, TOWN, OR LOCATION: Rangely
13d. STREET AND NUMBER: 154 Pinyon Circle
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 81648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+): 12

PARENTS

17. FATHER-NAME (First, Middle, Last): George Owen MacDonald
18. MOTHER-NAME (First, Middle, Last (Maiden Name)): Agnas Louise Kluck
19. INFORMANT-NAME and relationship to deceased: Noel Harling Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Callahan-Edfast Crematory
20c. LOCATION - City or Town, State: Grand Junction, Colorado
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: William C Zobel
21b. NAME AND ADDRESS OF FACILITY: W. C. Zobel Funeral Home, Box 1190 Meeker, Colorado ZIP: 81641
22a. REGISTRAR'S SIGNATURE: Margie P. Walker
22b. DATE FILED (Month, Day, Year): Dec. 8, 1992

ENTRIES

23. TIME OF DEATH: 4:20 P. M
24. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 24 1992 4:20PM
25. WAS CORONER NOTIFIED? (Yes or No): Yes

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
Signature: D.L. Schumacher M.D.
28. DATE SIGNED (Month, Day, Year): 12 7 92 December 4, 1992

TO BE COMPLETED BY CORONER

27. 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.
Signature:
29. DATE SIGNED (Month, Day, Year):

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print): Douglas L Schumacher M.D. 509 S. White Avenue Rangely, Colorado ZIP 81648
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print):

1 ____
2 ____
3 ____
4 ____
5 ____

32. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide
33a. DATE OF INJURY (Month, Day, Year)
33b. TIME OF INJURY
33c. INJURY AT WORK? ☐ Yes ☐ No
33d. DESCRIBE HOW INJURY OCCURRED
33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
33f. LOCATION (Street and Number or Rural Route Number, City, County, State)

CAUSE OF DEATH

34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.

PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
(a) Cardio-respiratory collapse — Interval between onset and death: 24 hours
DUE TO OR AS A CONSEQUENCE OF
(b) Matastic carcinoma of pancreas — Interval between onset and death: 9 months
DUE TO OR AS A CONSEQUENCE OF
(c) (c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g. alcohol abuse, obesity, smoker).
35. AUTOPSY (Yes or No)
36. IF YES were findings considered in determining cause of death?

State of Colorado, County of Rio Blanco
I, hereby certify this document is a true and correct copy of the original record in my custod
issued in Rio Blanco County, this 8 day of Dec A.D. 1992
This copy not valid unless prepared on blue basketweave paper
and impressed with raised seal of the Rio Blanco registrar of Vital Statistics.
Penalty by Law, Section 25-2-118, Colorado revised Statutes, 1982
If any person alters, uses or attempts to use or furnishes to another for deceptive use or supplies false information for any Vital Statistics Certificate.
Nancy R. Amick
Local Registrar
Margie P Walker
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 30th day of July A.D., 19 96 at 11:12 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 22959.

FEE $10.00

Noel J. Haring
3112 Pinecone Ct/
Grand Junction, CO 81504

Bernetha G. Letsch County Clerk
By _____