OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

10776 12159

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 366 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: Raymond — Middle: Clair — Last: Hunsaker

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls — C. LENGTH OF STAY IN 2B: 6 yrs — D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presby. Intercomm. Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 2025 LeRoy

4. DATE OF DEATH: Month: May — Day: 5 — Year: 1966

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARITAL STATUS: ☒ Married ☐ Widowed ☒ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: [redacted]

9. USUAL OCCUPATION (Kind of work done during most of life): Education

10. KIND OF BUSINESS OR INDUSTRY: Sup. of City Schools

11. NAME OF SPOUSE: Florence Hunsaker

12. DATE OF BIRTH: Month: Aug. — Day: 3 — Year: 1908

13. AGE LAST BIRTHDAY: 57 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Astoria, Oregon

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: O. O. Hunsaker

18. MAIDEN NAME OF MOTHER: Tempa Brewer

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Florence Hunsaker, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary Occlusion — 3 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Angina for 3 yrs.

DUE TO (C):

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

25B. City — County — State

26. TIME OF INJURY: Hour ..... a. m. / p. m. — Month — Day — Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (last saw) the deceased from or on Oct. 10, 1960 (date) to 5/5/66 (date) and that the death occurred at 7:00 AM from the causes and on the date stated above.

➤ John D. Merryman (Signature) M.D. (Title) 303 Pine St. Klamath Falls, Ore. (Address) 5/6/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other — 30B. DATE: 5/7/66 — 30C. NAME OF CREMATORY OR CEMETERY: I.O.O.F. Cemetery — 30D. LOCATION (City or Town) State: Myrtle Creek, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-6-66 — 32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ Keith O'Hair Klamath Falls, Oregon — O'Hair's

JUN 24 1966

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date May 6, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received for record on the 2nd day of December A.D. 1966 at 12 o'clock P M., and recorded in Vol. M-66, of deeds on Page 12159.

DOROTHY ROGERS, County Clerk

By Beverly J. Hayden

Fee 1.50 pd