20187

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

M68-1043
VOL. PAGE

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 262 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print in ink, starting in black box) — First: Anna — Middle: Louisa — Last: Dunn

3. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Klamath Falls — C. LENGTH OF STAY IN 29 9 months — D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Ponderosa Nursing Home

2. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 2555 Main St.

4. DATE OF DEATH (Month, Day, Year)	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
Sept. 20, 1967	Female	Caucasian	☐ Married ☒ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Give kind of work done during most of life)	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
542-01-3815-D	Homemaker		

12. DATE OF BIRTH (Month, Day, Year)	13. AGE LAST BIRTHDAY	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: Hours / Minutes
Sept. 15, 1884	83		

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF ☐ U.S. ☐ Foreign Country — Name of Country	16. IF DECEASED WAS A VETERAN, WHAT WAR?
Rotterdam, Holland		No

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
Abraham Van Keppinen	Jennie Jo Lavange	Personal papers

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):	Cerebral Hemorrhage	12 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B):	C. V. R. (arteriosclerosis	6-8 yr.
DUE TO (C):	myocarditis, hypertension)	

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, Factory, etc.)	25B. City / County / State
26. TIME OF INJURY: A.M. P.M.	Month, Day, Year	27. DESCRIBE HOW INJURY OCCURRED.	

28. CERTIFICATE: I certify that I last saw the deceased on 12-9-66 (date) and that the death occurred at 1:20a m. from the causes and on the date stated above.

M. E. Robinson, M.D. (date) Klamath Falls, Oregon 9-21-67

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☐ Buried ☐ Cremated ☐ Removed ☐ Other	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town) State
☒	9-25-67	Eternal Hills	Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR — 32. REGISTRAR'S SIGNATURE — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's

LOCAL USE ONLY

VS-16 2/53

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. Kerrca, M.D.
Registrar of Vital Statistics

By Maureen Johnson
Deputy

Date September 25, 1967

VOID IF ALTERED

STATE OF OREGON,
County of Klamath } ss

Filed for record at request of
Procter & Puckett
on this 9th day of February A. D. 19 68
at 1:55 o'clock P M. and duly
recorded in Vol. M68 of Deeds
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DOROTHY ROGERS, County Clerk
By Dorothy Rogers Deputy

Fee 1.50