4-19336

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30655

LOCAL REGISTRAR'S NUMBER 311 — 1-1-20

STANDARD CERTIFICATE OF DEATH 14212

STATE OF OREGON — STATE BOARD OF HEALTH — PORTLAND — PUBLIC HEALTH SERVICE — STATE FILE NO. — DATE RECEIVED NOV 25 '60

MARGIN RESERVED FOR BINDING — NOTICE: WITH THE UNDERLINED INFORMATION IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or print) — First: CARL — Middle: ARTHUR — Last: RUNGE

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN, OR LOCATION: Klamath Falls — C. LENGTH OF STAY: 5 Years — D. NAME OF HOSPITAL OR INSTITUTION: DOA Hillside Hospital

3. USUAL RESIDENCE — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN OR LOCATION: Klamath Falls X — D. STREET ADDRESS, RURAL ROUTE, ETC.: 2220 Lindley Way

4. DATE OF DEATH: November 4 1960 — 5. SEX: Male — 6. COLOR OR RACE: White — 7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 311-09-2305 — 9. USUAL OCCUPATION: Salesman — 10. KIND OF BUSINESS: Klamath Falls Creamery — 11. NAME OF SPOUSE: Carol Runge

12. DATE OF BIRTH: May 22 1912 — 13. AGE LAST BIRTHDAY: 48 Yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HOURS: Hours Minutes

14. BIRTHPLACE: Chicago, Illinois — 15. WAS DECEASED A CITIZEN OF U. S.? ☐ Yes ☐ Foreign Country — 16. IF DECEASED WAS A VETERAN, WHAT WAR? —

17. NAME OF FATHER: Carl Runge — 18. MAIDEN NAME OF MOTHER: Amellia Kniefel — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Carol Runge (Wife)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial Infarction — Interval Between Onset and Death: 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): — DUE TO (C):

PART II. Other Significant Conditions contributing to death but not related to the principal 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 — ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, SUICIDE OR HOMICIDE: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Such as Home, Farm, Factory, Street, Office Bldg., 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 the deceased from November 4, 1960 and that death occurred at 9:15 p.m. from the cause and on the date stated above.

Signature: [illegible] M.D. Klamath Falls, Oregon

29. RESERVED FOR REGISTRAR'S USE — 4201

30A. DISPOSITION: Burial ☐ Cremation ☐ Removal ☐ Donation ☐ — 30B. DATE: 11/7/60 — 30C. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park — 30D. LOCATION: City or Town, State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-7-60 — 32. REGISTRAR'S SIGNATURE: Marian Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: M. W. Ward, Klamath Falls, Oregon

STATE OF OREGON, COUNTY OF MULTNOMAH: ss.

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 BOARD OF HEALTH AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED Apr. 2 1969

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO.

this 4th day of APRIL A. D. 1969 at [illegible] o'clock M., and duly recorded in Vol. M-69, of DEEDS on Page 2468

FEE $ 1.50

Wm D. MILNE, County Clerk

By [illegible] Deputy

Return
William P. Brandsness
276 Main
Klamath Falls, Oregon
97601