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Vol. ⁷² Page 4136STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 103 State File Number

DECEASED—NAME 1. <u>MAURICE D. GUNDERSON</u>		DATE OF DEATH (month, day, year) <u>April 9, 1972</u>	
2. <u>White</u> RACE White, Negro, American Indian, etc. (specify)		3. <u>Male</u> SEX	
4. <u>Deschutes</u> CITY, TOWN, OR LOCATION OF DEATH		5. <u>63</u> AGE—last birthday (years)	
6. <u>Deschutes</u> Usual residence where deceased lived. If death occurred in institution, give residence before admission.		7. <u>Yes</u> Inside City Limits (specify yes or no)	
8. <u>Colorado</u> STATE OF BIRTH (if not in U.S.A., name of country)		9. <u>USA</u> CITIZEN OF WHAT COUNTRY	
10. <u>525-03-7322</u> SOCIAL SECURITY NUMBER		11. <u>Married</u> MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
12. <u>Oregon</u> RESIDENCE—STATE		13. <u>Manager</u> USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	
14. <u>Klamath</u> COUNTY		15. <u>50. Suburban Sanitary District</u> KIND OF BUSINESS OR INDUSTRY	
16. <u>Marcus Gunderson</u> FATHER—NAME first middle last		17. <u>Inez Darst</u> MOTHER—Maiden Name first middle last	
18. <u>Mary Marjorie Gunderson</u> INFORMANT—NAME and relationship to deceased		19. <u>Wife</u>	
20. <u>Arteriosclerotic Heart Disease</u> DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
21. <u>INSTANT</u> CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause last			
22. <u>NO</u> PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)			
23. <u>NO</u> DATE OF INJURY (month, day, year) HOUR			
24. <u>NO</u> HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)			
25. <u>NO</u> INJURY AT WORK (specify yes or no)			
26. <u>NO</u> PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)			
27. <u>NO</u> LOCATION (street or R.F.D. No., city or town, county, state)			
28. <u>NO</u> CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:			
29. <u>NO</u> DEATH OCCURRED (month, day, year)			
30. <u>NO</u> THE DECEDENT WAS PRONOUNCED DEAD (month, day, year)			
31. <u>NO</u> FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/>			
32. <u>NO</u> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>			
33. <u>NO</u> NAME—type or print			
34. <u>NO</u> DEGREE OR TITLE			
35. <u>NO</u> CERTIFIER—SIGNATURE			
36. <u>NO</u> MEDICAL INVESTIGATOR: FOR: <u>Deschutes</u> COUNTY			
37. <u>NO</u> DATE SIGNED (month, day, year)			
38. <u>NO</u> BUTURAL, CREMATION, REMOVAL, MAUS. (specify)			
39. <u>NO</u> CEMETERY OR CREMATORY—NAME			
40. <u>NO</u> LOCATION city or town state			
41. <u>NO</u> DATE (month, day, year)			
42. <u>NO</u> FUNERAL DIRECTOR—SIGNATURE			
43. <u>NO</u> FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)			
44. <u>NO</u> REGISTRAR—SIGNATURE			
45. <u>NO</u> DATE RECEIVED BY LOCAL REGISTRAR			
46. <u>NO</u> DATE RECEIVED BY STATE REGISTRAR			
47. <u>NO</u> RESERVED FOR REGISTRAR'S USE			

County of Deschutes

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

SEAL

VOID IF ALTERED

Cary Mead

Registrar of Vital Statistics

By Catherine Holmes DeputyDate 4-12 19 72

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MRS. MAURICE GUNDERSONthis 19th day of April A. D., 19 72 at 4:26 o'clock P.M., and duly recorded inVol. M. 72, of DEEDS on Page 4136

FEE \$2.00

WM. D. MILNE, County Clerk

By Hazel Drager

APR 19 4 25 PM 1972