70157 NOV 8 2 41 PM 1972

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Vol. M 72 Page 12890

4700-227 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Everett	Verl	Hunt	Sept. 8, 1972	11:50 P.M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	white	Colorado	January 17, 1917	55 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: Hiram Hunt

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER:

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	541-10-0531	Married	Thelma Hunt (Spencer)

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Police Chief		City of Etna	Law enforcement

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Highway 3 at city limits		no

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Etna	Siskiyou	14 YEARS	14 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
Callahan Rd.	yes	Thelma Hunt BOX 310 Etna, California 96027

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Etna	Siskiyou	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. AN Investigation (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND I LAST SAW HIM/HER (ENTER MONTH, DAY, YEAR)

21c. ABCottar, Sheriff-Coroner ▶ by: deputy

21d. DATE SIGNED: 9-12-72

21e. ADDRESS: Yreka, California

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	9-11-72	Etna Cemetery	Lillie F. Coffman 3820

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Girdner Funeral Chapel

26. IF NOT CERTIFIED BY CORONER, ARE THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)

27. LOCAL REGISTRAR—SIGNATURE: P.K. Bley by Ruth F. Barnett

28. DATE RECEIVED BY LOCAL REGISTRAR: SEP 13 1972

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: Hypoxia

DUE TO, OR AS A CONSEQUENCE OF

(B): crushing injury to chest.

DUE TO, OR AS A CONSEQUENCE OF

(C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART II.

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
	yes	yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
Accident	highway	yes	9-8-72	11:50 p.m.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF RESIDENCE (SPECIFY)	38. REFERRED TO CORONER? (SPECIFY YES OR NO)	39. AUTOPSY PERFORMED? (SPECIFY YES OR NO)
Same as #18 above	½ MILES	yes	yes

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. DEVICE OF MEANS EMPLOYED OR ENTERED IN ITEM 28): Decedent passenger in van being checked for use as an ambulance.

MEDICAL AND HEALTH DATA

4157 STATE

A. B. C.

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is 688 recorded in my office in Book 24 of Reg. Deaths Page 204. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 22nd day of Sept. 19 72

COUNTY RECORDER SISKIYOU CO. CAL.

Fee: $2.00, Paid.

Recorder

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: WM. P. BRANDSNESS on this 8th day of November A. D., 19 72 at 2:41 o'clock P M. and duly recorded in Vol. M 72 of DEEDS Page 12890

WM. D. MILNE, County Clerk

Fee $ 2.00 By Hazel Drazil Deputy.