85947

FEB 12 12 16 PM 197

Vol. 74 Page 2298

STATE OF OREGON–STATE BOARD OF HEALTH
Vital Statistics Section

393
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME (First, Middle, Last): Charles Robert Cunningham
2. DATE OF DEATH (month, day, year): October 12, 1973
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5. AGE–Last Birthday (years): 64
5a. If Under 1 Year: Months 5b. Days 5c. Hours 5d. Min.
6. DATE OF BIRTH (month, day, year): December 17, 1908
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (If not in either, give street and number): P. I. Hospital DDA
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Vivian Cunningham
12. SOCIAL SECURITY NUMBER: 536-01-9747
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Wholesale Distributor
13b. KIND OF BUSINESS OR INDUSTRY: Chevron Gasoline
Usual residence where deceased lived. If death occurred in institution, give residence before admission.
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Merrill
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: P. O. Box # 442
15. FATHER–NAME (first, middle, last): Wallace J. Cunningham
16. MOTHER–Maiden Name (first, middle, last): Susie R. Attix
17. INFORMANT–NAME and relationship to deceased: Vivian Cunningham: Wife

CAUSE

PART I. DEATH WAS CAUSE BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — approximate interval between onset and death

18. Immediate cause (a) Myocardial infarction — 10 Minutes
due to, or as a consequence of: (b) Arteriosclerotic heart disease — Several years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).
19a. AUTOPSY (yes or no): No
19b. If YES were findings considered in determining cause of death

1. 20a. ACCIDENT (specify yes or no)
2. 20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
3. 20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION–PHYSICIAN: I attended the deceased from (month day year) to (month day year) and last saw him/her alive on (month day year). I did/did not view the body after death (specify). DEATH OCCURRED (hour) 5:00 p. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN–SIGNATURE: [signature] MD
22b. NAME (type or print): James F. Reynard degree or title: M.D.
22c. DATE SIGNED (month, day, year): Oct 15 '73
23. MAILING ADDRESS–PHYSICIAN (street, city or town, state, zip): 2865 Daggett, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY–NAME: I.O.O.F. Cemetery
24c. LOCATION (city or town, state): Merrill Oregon
24d. DATE (mo., day, year): 10-16-73
25a. FUNERAL DIRECTOR–SIGNATURE: Floyd C. Lancaster
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel: 515 Pine, Klamath Falls, Oregon 97601
4. 26a. REGISTRAR–SIGNATURE: Marion Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 15 1973
27. DATE RECEIVED BY STATE REGISTRAR
5. RESERVED FOR REGISTRAR'S USE
6. 28.

VS-2 R-69

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marion Ackerman Deputy Registrar
Date OCT 15 1973 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of MILBUR BRICKNER ATTY
this 12th day of FEBRUARY A. D., 19 74 at 12:18 o'clock P. M., and duly recorded in
Vol. M 74 of DEEDS on Page 2298

WM. D. MILNE, County Clerk
By [signature]

FEE $ 2.00