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STATE OF OREGON STATE HEALTH DIVISION
Vital Statistics Section

Vol. M14 Page 14155

38-11259

233
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Duane Meredith Day
2. DATE OF DEATH (month, day, year): June 30, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 41
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): January 29, 1935
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Beatty
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Hwy 140 1 Mi. E of Bly Mt. Summit
8. STATE OF BIRTH (If not in U.S.A., name of country): Colorado
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Katherine Day
12. SOCIAL SECURITY NUMBER: 543-34-0215
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Worker
13b. KIND OF BUSINESS OR INDUSTRY: Lumber
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Beatty
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: Ivory Pines Rd.
15. FATHER—NAME first middle last: Gleav Day
16. MOTHER—Maiden Name first middle last: Eunice Griffin
17. INFORMANT—Name and relationship to deceased: Katherine Day, Wife

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

Immediate Cause
18. (a) Gunshot wound of chest — approximate interval between onset and death: instant
due to, or as a consequence of:
(b)
due to or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

AUTOPSY (yes or no) 19a. Yes — IF YES were findings considered in determining cause of death 19b. Yes

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): June 30, 1976
20b. HOUR: 12:30a to 3:00a
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Gunshot wound, shot by undetermined party
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)): unknown
20f. LOCATION (street or R.F.D. No., city or town, county, state): Probably Klamath County, Oregon

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour) 21a. 12:30a.m. to 3:00am M.
THE DECEDENT WAS PRONOUNCED DEAD (month day year hour) 21b. June 30, 1976 11:00 A. M.
FROM: 21c. Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: Veldon C. Boge M.D.
22b. NAME—(type or print): Veldon C. Boge — Degree or Title: M.D.
23. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY
DATE SIGNED (month, day, year): July 2, 1976

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (month, day, year): 6-2-76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Maurine Robinson
26b. DATE RECEIVED BY LOCAL REGISTRAR: July 2, 1976
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 REV.-2-73

ORIGINAL—VITAL STATISTICS COPY

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 Maurine Robinson Deputy Registrar
Date JUL 7 1976
VOID IF ALTERED

(SEAL)

Return: Katherine Day
P.O. Box 155
Beatty, Ore

I hereby certify that the within instrument was received and filed for record on the 9th day of September A.D., 19 76 at 3:53 o'clock P. M., and duly recorded in Vol M76, of Deeds on Page 14155.

WM. D. MILNE, County Clerk
By Dorothy A. Cox Deputy

FEE $3.00