

36089

STATE OF OREGON - STATE HEALTH DIVISION

Vital Statistics Section

226

CERTIFICATE OF DEATH

77 SEP 21 PM 12 59
Vol 77 Page 17594

DECEASED - NAME First Middle Last
Gunter Bertuch
1. RACE White, Negro, American Indian, etc. (Specify) 2. SEX Male 3. AGE - last birthday (years) 58 4. CITY, TOWN, OR LOCATION OF DEATH 5. DATE OF DEATH (month, day, year) 6. DATE OF BIRTH (month, day, year) 7. HOSPITAL OR OTHER INSTITUTION - NAME 8. LEbanon Community Hospital
9. STATE OF BIRTH 10. CITIZENSHIP 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28.

DEATH CAUSED BY: 1. Immediate Cause 2. Due to or as a consequence of 3. Conditions, if any, which gave rise to immediate cause (a) (b) (c) 4. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) (b) (c) 5. DATE OF INJURY (month, day, year) 6. PLACE OF INJURY (a) (b) (c) 7. LOCATION (a) (b) (c) 8. HOW INJURY OCCURRED (a) (b) (c) 9. DATE OF INJURY (month, day, year) 10. PLACE OF INJURY (a) (b) (c) 11. LOCATION (a) (b) (c) 12. HOW INJURY OCCURRED (a) (b) (c) 13. DATE OF INJURY (month, day, year) 14. PLACE OF INJURY (a) (b) (c) 15. LOCATION (a) (b) (c) 16. HOW INJURY OCCURRED (a) (b) (c) 17. DATE OF INJURY (month, day, year) 18. PLACE OF INJURY (a) (b) (c) 19. LOCATION (a) (b) (c) 20. HOW INJURY OCCURRED (a) (b) (c) 21. DATE OF INJURY (month, day, year) 22. PLACE OF INJURY (a) (b) (c) 23. LOCATION (a) (b) (c) 24. HOW INJURY OCCURRED (a) (b) (c) 25. DATE OF INJURY (month, day, year) 26. PLACE OF INJURY (a) (b) (c) 27. LOCATION (a) (b) (c) 28. HOW INJURY OCCURRED (a) (b) (c)

CERTIFIER 1. NAME 2. ADDRESS 3. CITY, TOWN, OR LOCATION 4. STATE 5. DATE SIGNED (month, day, year) 6. SIGNATURE 7. MEDICAL INVESTIGATOR 8. NAME 9. ADDRESS 10. CITY, TOWN, OR LOCATION 11. STATE 12. DATE SIGNED (month, day, year) 13. SIGNATURE 14. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip) 15. DATE RECEIVED BY LOCAL REGISTRAR 16. DATE RECEIVED BY STATE REGISTRAR 17. SIGNATURE 18. DATE SIGNED (month, day, year) 19. SIGNATURE 20. DATE SIGNED (month, day, year) 21. SIGNATURE 22. DATE SIGNED (month, day, year) 23. SIGNATURE 24. DATE SIGNED (month, day, year) 25. SIGNATURE 26. DATE SIGNED (month, day, year) 27. SIGNATURE 28. DATE SIGNED (month, day, year)

BURIAL 1. CEMETERY OR CREMATORY - NAME 2. CITY, TOWN, OR LOCATION 3. STATE 4. DATE SIGNED (month, day, year) 5. SIGNATURE 6. DATE SIGNED (month, day, year) 7. SIGNATURE 8. DATE SIGNED (month, day, year) 9. SIGNATURE 10. DATE SIGNED (month, day, year) 11. SIGNATURE 12. DATE SIGNED (month, day, year) 13. SIGNATURE 14. DATE SIGNED (month, day, year) 15. SIGNATURE 16. DATE SIGNED (month, day, year) 17. SIGNATURE 18. DATE SIGNED (month, day, year) 19. SIGNATURE 20. DATE SIGNED (month, day, year) 21. SIGNATURE 22. DATE SIGNED (month, day, year) 23. SIGNATURE 24. DATE SIGNED (month, day, year) 25. SIGNATURE 26. DATE SIGNED (month, day, year) 27. SIGNATURE 28. DATE SIGNED (month, day, year)

STATE OF OREGON
COUNTY OF LINN
This certifies that the foregoing is a reproduction of a record of death on file with the Linn County Health Department.
Re: Glen D. Damsinger 4th
140 West Grant St.
Lebanon Ore 97355
Glen D. Damsinger
Deputy Registrar of Vital Statistics
Date June 8, 1977

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 21st day of SEPTEMBER A.D., 1977 at 12:59 o'clock P.M., and duly recorded in Vol 77 of DEEDS on Page 17694.
FEE \$3.00
WM. D. MILNE, County Clerk
By Hazel Duane Deputy