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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. 11679

LOCAL REGISTRAR'S NUMBER 226 1-6-56-2

DATE RECEIVED OCT 26 1955

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1. NAME OF DECEASED (TYPE OR PRINT)	a. (First) Dr. John b. (Middle) Calvin c. (Last) Hunt
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY OR TOWN (If outside corporate limits, write RURAL)	Klamath Falls
C. LENGTH OF STAY IN THIS PLACE	24 years
D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Hillside Hospital
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	[illegible]
C. CITY OR TOWN (If outside corporate limits, write RURAL)	Klamath Falls
D. STREET ADDRESS (If rural, give location)	70 Pine Street
4. DATE OF DEATH (Month) (Day) (Year)	October 12, 1955
5. SEX	Male
6. COLOR OR RACE	White
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married
7b. NAME OF HUSBAND OR WIFE	Bess
8. DATE OF BIRTH	July 24, 1886
9. AGE (In years last Birthday)	69
If Under 1 Year: Months / Days	
If Under 24 Hrs.: Hours / Min.	
10. BIRTHPLACE (State or foreign country)	Blue Ball, Ohio
11. CITIZEN OF WHAT COUNTRY	USA
12. FATHER'S NAME	Jeremiah Marsten Hunt
13. MOTHER'S MAIDEN NAME	Mary Belle Culbertson
14a. USUAL OCCUPATION	Veterinarian
14b. KIND OF BUSINESS OR INDUSTRY	Self-Klamath Co. Insp.
15. IF VETERAN, NAME WAR	W.W.#1
16. INFORMANT'S OWN SIGNATURE	Dr. [illegible]
17. SOCIAL SECURITY NO.	542-18-2433

18. CAUSE OF DEATH

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A)	Myocardial infarction entire	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (B)	Coronary occlusion	2 wks
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

20. AUTOPSY? YES ☐ NO ☒

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)
21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 24 1955 TO Oct 12 1955 THAT I LAST SAW THE DECEASED ALIVE ON Oct 12 1955 AND THAT DEATH OCCURRED AT 11:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE

23A. SIGNATURE (Degree or title)	Robert Purvine M.D.	23B. ADDRESS: Klamath Falls, Oregon — 23C. DATE SIGNED: 10 13 55
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE: 10/15/55 — 24C. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park — LOCATION (City, town, or county) (State): Klamath Falls, Oregon
DATE REC'D BY LOCAL REGISTRAR	10-13-55	REGISTRAR'S SIGNATURE: Nancy Castle — 25 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward, Klamath Falls, Oregon

DATE ISSUED Oct. 3 1978

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Marion A. Morton

Ref:
KC Title

STATE OF OREGON, COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of October A.D., 1978 at 4:02 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 22518.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha D. Leisch Deputy