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78-02207 60634 STATE OF OREGON HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Statistics Section

1:14

78-35
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First: Emil Middle: C Last: Hunemiller

DATE OF DEATH (month, day, year): 2 January 13, 1978

RACE White, Black, American Indian, etc.(specify): 3 White
SEX: 4 Male
AGE—Last birthday (years): 5a 71
DATE OF BIRTH (month, day, year): 6 February 6, 1906

COUNTY OF DEATH: 7a Jackson
CITY, TOWN OR LOCATION OF DEATH: 7b Medford
HOSPITAL OR OTHER INSTITUTION—NAME: 7c Rogue Valley Hospital

STATE OF BIRTH (If not in U.S.A., name country): 8 Iowa
CITIZEN OF WHAT COUNTRY: 9 United States
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married
SPOUSE (IF MARRIED, WIDOWED): 11 Doris Hunemiller
WAS DECEDENT EVER IN U.S. ARMED FORCES?: 12 Yes

SOCIAL SECURITY NUMBER: 13 543-05-0786
USUAL OCCUPATION: 14a Baker
KIND OF BUSINESS OR INDUSTRY: 14b Retired

RESIDENCE—STATE: 15a Oregon
COUNTY: 15b Jackson
CITY, TOWN, OR LOCATION: 15c Medford
STREET AND NUMBER OR R.F.D., ZIP: 15d 320 Charlotte Ann 97501
Inside City Limits (specify yes or no): 15e Yes

FATHER—NAME first middle last: 16
MOTHER—Maiden Name first middle last: 17
INFORMANT—NAME and relationship to deceased: 18 Doris Hunemiller Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial
CEMETERY OR CREMATORY—NAME: 19b Hillcrest Memorial Park
LOCATION city or town state: 19c Medford, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): 20a Robert M. Neff
NAME AND ADDRESS OF FACILITY: 20b Conger-Morris 715 West Main Street Medford, Oregon 97501

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature) John [signature]
DATE SIGNED (Mo., Day, Yr.): 21b Jan 18, 78
HOUR OF DEATH: 21c 12:25 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d John [illegible]
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a JAN 19 1978
REGISTRAR: Rachel White

23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Metastatic Cancer of [illegible] — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF:
(b)
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)
AUTOPSY (Specify Yes or No): 24 No
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): 25 No

ACCIDENT (Specify Yes or No): 26a No
DATE OF INJURY (Mo, Day, Yr): 26b
26c
DESCRIBE HOW INJURY OCCURRED: 26d
INJURY AT WORK (Specify Yes or No): 26e No
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f
LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

[signature]
REGISTRAR, VITAL STATISTICS

(SEAL) DEPUTY REGISTRAR JACKSON COUNTY RACHEL WHITE

DATE JAN 24 1978

BY Rachel White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

DORIS HUNEMILLER
320 CHARLOTTE ANN
MEDFORD, ORE.
97501

Jackson County, Oregon
Recorded
OFFICIAL RECORDS
1:14 JAN 30 1978 P.M.
HARRY CHIPMAN
CLERK and RECORDER
By Bille Key Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of January A.D., 1979 at 2:56 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 569

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

FEE $3.00