

75124

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 79 Page 23754

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)
1 RICHARD WESLEY MUNDLIN					2 October 2, 1979
RACE White, Black, American Indian, etc. (specify)	3 White	SEX	4 Male	AGE—Last birthday (years)	5a 66
COUNTY OF DEATH	7a Klamath	CITY, TOWN OR LOCATION OF DEATH	7b Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	7c West Medical Center
STATE OF BIRTH (if not in U.S.A., name country)	8 Iowa	CITIZEN OF WHAT COUNTRY	9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10 Married
SOCIAL SECURITY NUMBER	13 544 - 07 - 1800	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14a Mechanic	SPOUSE (IF MARRIED, WIDOWED)	11 Anna Mundlin
RESIDENCE—STATE	15a Oregon	COUNTY	15b Klamath	CITY, TOWN, OR LOCATION	15c Klamath Falls
FATHER—NAME first middle last	16 Richard Wesley Mundlin	MOTHER—Maiden Name first middle last	17 Hazel - Smith	INFORMANT—NAME and relationship to deceased	18 Anna Mundlin (Wife) X
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19a Burial	CEMETERY OR CREMATORY—NAME	19b Eternal Hills Memorial Gardens	LOCATION city or town state	19c Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE OR person Acting As Such (Signature)	20a [Signature]	NAME AND ADDRESS OF FACILITY	20b Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a [Signature] M.D.		21b Oct 3 79		21c 2:20 P. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)					
21d Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a OCT 4 1979		22b [Signature] Marian Ackerman			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(i) Cardio - Respiratory Failure		Terminal			
(b) Massive Pulmonary Embolus		Less Than 1 hr.			
(c) Deep Vein Thrombosis		Unknown			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER	
24 No		25 (Specify Yes or No)		No	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a	26b	26c	26d		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g			
RESERVED FOR REGISTRAR'S USE					

VS-2 Rev-1-78 P-65412

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar
Date OCT 4 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
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 October A.D., 1979 at 1:52 o'clock P.M., and duly recorded in Vol. 179 of Deeds on Page 23754.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy