HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M 80 Page 6484

82869 (110) Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1 First ROY Middle CHESTER Last GUNTER

DATE OF DEATH (month, day, year): 2 March 31, 1980

RACE White, Black, American Indian, (specify): White

SEX: 4 Male

AGE—Last birthday (years): 5a 70

Under 1 year: mos. 5b; days

Under 1 day: hours 5c; min.

DATE OF BIRTH (month, day, year): 6 February 11, 1910

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

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7d Emergency Room

STATE OF BIRTH (If not in U.S.A., name country): Virginia

CITIZEN OF WHAT COUNTRY: 9 USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Melva E. Gunter

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12

SOCIAL SECURITY NUMBER: 226 - 16 - 6008

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Sgt. - 1C - Retired

KIND OF BUSINESS OR INDUSTRY: 14b U.S. Army

BIRTHPLACE—STATE: Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 1725 Sturdivant 97601

Inside City Limits (specify yes or no): 15e No

FATHER—NAME first middle last: Gordon L. Gunter

MOTHER—Maiden Name first middle last: 17 Sallie Smith

INFORMANT—NAME and relationship to deceased: 18 Melva E. Gunter (Wife)

METHOD OF DISPOSITION (Burial, Cremation, Removal, Mausoleum, (specify)): Burial

CEMETERY OR CREMATORY—NAME: 19b Mt. Calvary Cemetery

LOCATION city or town state: 19c Klamath Falls, Oregon 97601

SIGNATURE OF FUNERAL SERVICE LICENSEE or Person Acting As Such: 20a

NAME AND ADDRESS OF FACILITY: 20b Wards 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, 21a [Signature] D. Seeley M.D.

DATE SIGNED [Mo., Day, Yr.]: 21b 3/31/80

HOUR OF DEATH: 21c 3:39 A. M

CERTIFIER — NAME AND TITLE (Type or Print): 21d Dave Seeley, M.D.

MAILING ADDRESS (Street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 02 1980

REGISTRAR [Signature]: 21f Shelia Marien

IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Coronary Heart Disease c probable MI — Interval between onset and death: acute

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c)

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Essential hypertension

AUTOPSY (Specify Yes or No): 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): 25 No

INJURY (Specify Yes or No): 26

DATE OF INJURY [Mo., Day, Yr.]: 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY OCCURRED: 26d

WORK AT WORK (Specify Yes or No): 26e

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-8-78 P-65412

'80 APR 7 PM 2 55

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.

(SEAL) OREGON

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marien, Deputy Registrar

Date April 2, 1980

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 7th day of April A.D., 19 80 at 2:55 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 6484.

FEE $3.50

WM. D. MILNE, County Clerk

By Demetha A. Letsch Deputy