

3426

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. 78 / Page 14815

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
IMMEDIATE
BLACK
INK
FOR
INSTRUCTIONS
SEE
BOOK

288

DECEASED—NAME First Middle Last Werner 0. Bunge		DATE OF DEATH (month, day, year) July 16, 1981	
1 RACE White	2 SEX Male	3 AGE—Last birthday (years) 82	4 Under 1 year 5a mos 5b days 5c hours 5d min
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in city, give street and number) Merle West Medical Center	
7a STATE OF BIRTH (If not in U.S., name country) Iowa	8 CITIZEN OF WHAT COUNTRY U.S.A.	9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	10 COUNTY OF DEATH Klamath
SOCIAL SECURITY NUMBER 528-03-8801		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Airline Pilot	
13 RESIDENCE—STATE Oregon	14a COUNTY Klamath	14b KIND OF BUSINESS OR INDUSTRY Public Transportation	
15a FATHER—NAME first middle last John G. Bunge	15b MOTHER—Maiden Name first middle last Caroline Schneider	15c STREET AND NUMBER OR R.F.D., ZIP 2815 California Ave. 97601	
16 BURIAL, CREMATION, REMOVAL, MAUS (Specify) Cremation		17 CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	
18a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) [Signature]		18b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O	
19a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 17 1981		19b REGISTRAR (Signature) [Signature]	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 20b NAME AND ADDRESS OF CERTIFIER (Type or Print) Jack N. Martin, M.D., 1900 Main St., Klamath Falls, Oregon 97601		20c DATE SIGNED (Mo., Day, Yr.) 7-17-81	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) KENNETH TUTTLE		21b HOUR OF DEATH 11:50 P. M.	
22a IMMEDIATE CAUSE (a) Cardiac Arrhythmia (b) DUE TO, OR AS A CONSEQUENCE OF: (c) Circumstances of Death			
23 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ACCIDENT (Specify Yes or No) No DATE OF INJURY (Mo., Day, Yr.) 26b HOUR OF INJURY 26c DESCRIBE HOW INJURY OCCURRED 26d			
24 AUTOPSY (Specify Yes or No) No 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No			
26a INJURY AT WORK (Specify Yes or No) No 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c LOCATION 26d STREET OR R.F.D. NO. 26e CITY OR TOWN 26f STATE			

Ila Bunge c/o Janet Lapustkin
430 Los Encinos
San Jose, Calif.

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 JUL 17 1981
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

19th day of August A.D., 1981 at 4:05 o'clock P.M., and duly recorded in

Vol M81f Deeds on page 14815.

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK

By Bernethand Letoch Deputy

HS-2 Rev-1-80