

22047

Vol. M83 Page 4963

83 APR

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitCERTIFICATE OF DEATH
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DECEASED NAME		FIRST	MIDDLE	LAST	State File Number	
EDMUND		C.	LUNDBURG	DATE OF DEATH (MONTH, DAY, YEAR)		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
WHITE		MALE	81	MOS. DAYS	HOURS MIN.	NOVEMBER 19, 1900
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		IF HOSP. OR INST. IN- DICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)		COUNTY OF DEATH
INDEPENDENCE		CEDARWOOD CARE CENTER		INPAT.		POLK
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
OREGON		U.S.A.		WIDOWED		NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		SPOUSE (IF MARRIED, WIDOWED)		KIND OF BUSINESS OR INDUSTRY
544 24 4277		SHOVEL OPERATOR		VERA ROWLEY		CONSTRUCTION
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)
OREGON		POLK	DALLAS	744 S.E. BIRCH ST.		YES
FATHER - NAME FIRST MIDDLE LAST		MOTHER - MAIDEN NAME FIRST MIDDLE LAST		INFORMANT - NAME AND RELATIONSHIP TO DECEASED		
SAMUEL LUNDBURG				BURT MCKIBBEN, NEPHEW		
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION - CITY OR TOWN		STATE
BURIAL		DALLAS CEMETERY		DALLAS, OREGON		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE		NAME AND ADDRESS OF FACILITY		BOLLMAN FUNERAL HOME; 694 MAIN STREET		
20A		BOLLMAN FUNERAL HOME; 694 MAIN STREET		DALLAS, OREGON 97338		
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD		FROM:		
21A		21B		NATURAL CAUSES <input checked="" type="checkbox"/>		ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>
CERTIFIER - SIGNATURE		NAME (TYPE OR PRINT)		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		DEGREE OR TITLE
21D		WILLIAM J. BRADY, M.D.		DATE SIGNED (MONTH, DAY, YEAR)		
MEDICAL EXAMINER FOR:		STATE OF OREGON		OCTOBER 19, 1982		
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR		22B (SIGNATURE)		
22A		October 20, 1982		Shirley Sloan		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)						
(A)		ARTERIOSCLEROTIC HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH
(B)		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH
(C)		OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				INTERVAL BETWEEN ONSET AND DEATH
PART II		DATE OF INJURY (MONTH, DAY, YEAR)				HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
25A		25B		25C		24 YES
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
25D		25E		25F		
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

HS-102 REV. 1-80

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

GOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND AFTER RECORDING RETURN TO: COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

CHURCHILL, LEONARD BROWN & DONALDSON
Lawyers
235 Union N.E.
P. O. Box 804
Salem, Oregon 97308

RAISED SEAL OF OREGON STATE HEALTH DIVISION

Joseph D. Carney, State Registrar

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 4 day of April A.D., 1983 at 2:04 o'clock P M and duly recorded in Vol M83, of Deeds on page 4963

EVELYN BIEHN COUNTY CLERK

by Lee Deputy

FEE \$ 4.00