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

×90 78-

CERTIFICATE OF DEATH

1. NAME — FIRST	MIDDLE	LAST	DATE OF DEATH
VERA	BEATRICE	LUNDBURG	October [illegible]

2. RACE — (SPECIFY)	3. SEX	5A. AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 5B. MOS. / DAYS	UNDER 1 DAY: 5C. HOURS / MIN.	6. DATE OF BIRTH
White	Female	75			August 16 19[illegible]

7A. COUNTY OF DEATH	7B. CITY, TOWN, OR LOCATION OF DEATH	7C. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET & NO.)	7D. IF HOSP. OR NURSING HOME, INPATIENT? (SPECIFY)
Klamath	Crescent	Box 57	

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SPOUSE (IF MARRIED, WIDOWED)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
Iowa	USA	Married	Edmund C.	NO

13. SOCIAL SECURITY NUMBER	14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	14B. KIND OF BUSINESS OR INDUSTRY
544-24-4277	Crab Packer	Columbia River Packers.

15A. RESIDENCE — STATE	15B. COUNTY	15C. CITY, TOWN, OR LOCATION	15D. STREET AND NUMBER OR R.F.D.	15E. INSIDE CITY LIMITS (SPECIFY YES OR NO)
Oregon	Klamath	Crescent	Box 57	Yes

16. FATHER — NAME FIRST MIDDLE LAST	17. MOTHER — MAIDEN NAME FIRST MIDDLE LAST	18. INFORMANT — NAME AND RELATIONSHIP TO DECEASED
Henry Rowley	Emma Lee	Edmund C. Lundburg (Spouse)

19A. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	19B. CEMETERY OR CREMATORY — NAME	19C. LOCATION — CITY OR TOWN, STATE
Burial	Dallas Cemetery	Dallas, Oregon

20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE	20B. NAME AND ADDRESS OF FACILITY
[signature]	Bowman Funeral Home 227 Main - Dallas, Oregon 97338

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED — HOUR (SPECIFY A.M. OR P.M.)	21B. THE DECEDENT WAS PRONOUNCED DEAD — MONTH, DAY, YEAR, HOUR	FROM: NATURAL CAUSES ☐	ACCIDENT ☐	SUICIDE ☐
about 7:30 A.M.	10-29-78 8:10 A.M.	HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐

21D. CERTIFIER — SIGNATURE	21E. NAME — (TYPE OR PRINT) DEGREE OR TITLE
[signature]	George R. Nicholson, M.D.
21F. MEDICAL EXAMINER FOR Klamath COUNTY	**21G. DATE SIGNED (MONTH, DAY, YEAR)** January 10, 1979

22A. DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)	22B. REGISTRAR (SIGNATURE)
January 10, 1979	[signature]

PART I	23. IMMEDIATE CAUSE	ENTIRE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).	INTERVAL BETWEEN ONSET AND DEATH
	(a)	Probable ventricular fibrillation	
	DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerotic Heart Disease	
	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

25A. DATE OF INJURY (MONTH, DAY, YEAR)	25B. HOUR	25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D. INJ. AT WORK (SPECIFY YES OR NO)	25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED Mar. 25 1983

AFTER RECORDING RETURN TO:

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

OPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND
HE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE
E HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

[signature]

RAISED SEAL OF OREGON STATE HEALTH DIVISION

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., 19 83 at 2:04 o'clock P M and duly recorded in Vol M83, of ~~Deeds~~ on page 4964

EVELYN BIEHN COUNTY CLERK

FEE $ 4.00

by [signature] Deputy