

29562 CERTIFICATE OF DEATH

Vital Records Unit

Vol. m83 Page 179647

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
NAME AND
ADDRESS OF
INSTITUTION
AND
DATE OF
ADMISSION

POSITION

CERTIFIER

CONDITIONS
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

1 DECEASED—NAME First Middle Last FRANK NUNLEY		2 DATE OF DEATH (month, day, year) October 4, 1983	
3 RACE (specify) White	4 SEX Male	5a AGE—Last birthday (years) 79	5b Under 1 year mos days
6 CITY, TOWN OR LOCATION OF DEATH Chiloquin		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Chiloquin Med. Cnt.	
7b STATE OF BIRTH (If not in U.S.A., name country) Oregon	8 CITIZEN OF WHAT COUNTRY U.S.A.	9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	10 SPOUSE (IF MARRIED, WIDOWED) Edith Evelyn
11 SOCIAL SECURITY NUMBER 555-07-2208	12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Truck Driver - Retired	13a KIND OF BUSINESS OR INDUSTRY Pacific Power & Light	13b STREET AND NUMBER OR R.F.D., ZIP 2205 Laurel St. 97601
14a RESIDENCE—STATE Oregon	14b COUNTY Klamath	14c CITY, TOWN, OR LOCATION Klamath Falls	14d INFORMANT—NAME and relationship to deceased Evelyn Nunley - Spouse
15a FATHER—NAME first middle last Preston Nunley	15b MOTHER—Maiden Name first middle last Alida Spandenber	15c LOCATION Chiloquin, Oregon	15d DATE SIGNED (Mo., Day, Yr.) 10/11/83
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	16a CEMETERY OR CREMATORY—NAME Eternal Hills Mem. Gardens	16b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon	16c HOUR OF DEATH 9:40 A.M.
17 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) John Lancaster	17a NAME AND ADDRESS OF CERTIFIER (Type or Print) John Storch, MD PO Box 466 Chiloquin, Oregon	17b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 17 1983	17c REGISTRAR (Signature) M. Ackerman
23 IMMEDIATE CAUSE PART I (a) Cardiorespiratory arrest (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Unknown			
24a ACCIDENT (Specify Yes or No) No	24b DATE OF INJURY (Mo., Day, Yr.)	24c HOUR OF INJURY	24d AUTOPSY (Specify Yes or No) No
25a INJURY AT WORK (Specify Yes or No)	25b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	25c DESCRIBE HOW INJURY OCCURRED	25d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes
26a RESERVED FOR REGISTRAR'S USE		26b LOCATION	26c STREET OR R.F.D. NO.
		26d CITY OR TOWN	26e STATE

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

VOID IF ALTERED

OCT 18 1983

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 18th day of Oct. A.D., 1983 at 3:32 o'clock P.M., and duly recorded in Vol. m83, of Deeds on page 17964.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by (Signature) deputy