

48364 MTC # 14831R

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

Vol. M85 Page 6522

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last LELAND OTTO HUNTER		State File Number	
DATE OF DEATH (month, day, year) 2 March 22, 1984		DATE OF BIRTH (month, day, year) 6 August 12, 1896	
RACE (specify) White	SEX Male	AGE—Last birthday (years) 87	Under 1 year mos. days hours min. 5a 87
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center	
STATE OF BIRTH (if not in U.S. name country) California		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 559-07-3007		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
RESIDENCE—STATE Oregon		SPOUSE (IF MARRIED, WIDOWED) Gladys Vallier	
COUNTY Klamath		KIND OF BUSINESS OR INDUSTRY Weyco Timber Company	
CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 4763 Climax Avenue 97603	
FATHER—NAME first middle last Thomas Martin Hunter		MOTHER—first middle last (Maiden Name) Ida May Fearrien	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Korman		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 26 1984		REGISTRAR 22a [Signature] Marion Sherman	
IMMEDIATE CAUSE PART 1 (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Gonorrhea, left leg DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic vascular disease		Interval between onset and death 3 days 2 wk YEARS	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) Right hip disarticulation		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.) 26c	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
LOCATION 26g		STREET OR R.F.D. NO 26g	
CITY OR TOWN 26g		STATE 26g	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED APRIL 30 1985

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT 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 2nd day of May A.D., 1985 at 1:42 o'clock P M, and duly recorded in Vol M85, of Deeds on page 6522.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy