CERTIFICATION OF VITAL RECORD

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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

85-018460

403

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

1. DECEASED—NAME: First: JUNE; Middle: MARILYN; Last: DUNN
2. DATE OF DEATH (month, day, year): October 6, 1985
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Female
5a. AGE—Last Birthday (Years): 61
5b. If Under 1 year (months): 5c. If Under 1 day (hours, minutes):
6. DATE OF BIRTH (month, day, year): June 21, 1924
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c. If HOSP OR INST, Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If Married, Widowed or Divorced—Name): Ray A. Dunn
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 544-14-2171
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: Homemaking
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D. ZIP: 3215 Patterson Street 97603
15e. Inside City Limits (Specify yes or no): No
16. FATHER NAME (first, middle, last): Reuben - Londborg
17. MOTHER—Prior (first, middle, last) (Maiden Name): Vera F. Larson
18. INFORMANT—NAME and relationship to deceased: Ray A. Dunn, husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens
19c. LOCATION (City or Town, State): Klamath Falls, Oregon 97603
20a. FUNERAL DIRECTOR LICENSEE OR PERSON ACTING AS SUCH (Signature): William J. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.
21a. Signature of Certifier: John G. McKellar
21b. DATE SIGNED (Mo., Day, Yr.): October 7, 1985
21c. HOUR OF DEATH: 9:55 AM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): John G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 7 1985
22b. REGISTRAR (Signature): Barbara E. Lewis

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Respiratory Arrest — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Multiple Myeloma — Interval between onset and death: one year
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a).
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No): No
26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 1781

After Recording Return to:
Ray A. Dunn
c/o MTC

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED NOV 06 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 10th day of November A.D., 19 86 at 10:49 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 20370.

FEE $5.00

Evelyn Biehn, County Clerk
By _____