70705

B 2578
ID TAG NO.

448
Local File Number

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

Vol M87 Page 1147

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME: First Michael; Middle G.; Last BRUNER

2 DATE OF DEATH (month, day, year): November 23, 1986

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 73

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 14, 1913

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 2525 Eberlein St.

7c IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify): —

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): North Dakota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ethel K. Bruner

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 540-10-6904

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Conductor

14b KIND OF BUSINESS OR INDUSTRY: Railroad

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2525 Eberlein St. ZIP 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: John - Bruner

17 MOTHER — first middle last (Maiden Name): Elizabeth - Gachne

18 INFORMANT — NAME and relationship to deceased: Ethel Bruner, Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or Agent acting as such (Signature): Mike Ellen

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Kenneth K Magee M.D.

21b DATE SIGNED (Mo., Day, Year): November 24, 1986

21c HOUR OF DEATH: 12:01 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, M.D., 1900 Main St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): November 24, 1986

22b REGISTRAR (Signature): Katherine E. Cravens

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I
(a) Cardio - Resp. arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cardiomyopathy & heart failure — Interval between onset and death: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(c) Primary idiopathic Amyloidosis — Interval between onset and death: 1 year

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Chronic Renal Failure

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY	24 AUTOPSY (Specify Yes or No): No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26d DESCRIBE HOW INJURY OCCURRED		
	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE			

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒

WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravens Deputy Regisrtar

Date January 22, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

$5.00 Cash

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 23rd day of January A.D., 19 87 at 11:31 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 1147.

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Return: Ethel Bruner 2525 Eberlein St., Klamath Falls, Oregon 97601