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PERMANENT CERTIFICATE ☑ TEMPORARY CERTIFICATE

575 Dec 77

REGISTRATION DISTRICT NO. 16-06

REGISTERED NUMBER

STATE OF ILLINOIS — Medical Examiner — CERTIFICATE OF DEATH

08103 (STATE FILE NUMBER) 77 069709

DECEDENT—NAME: 1. Calvin (FIRST) I. (MIDDLE) Bunge (LAST)

2. SEX: male

3. DATE OF DEATH (MONTH, DAY, YEAR): Dec. 12, 1977

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): white

5a. AGE—LAST BIRTHDAY (YRS.): 25

5b. UNDER 1 YEAR: MOS. / DAYS

5c. UNDER 1 DAY: HOURS / MINS.

6. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 18, 1952

7a. PLACE OF DEATH: COUNTY: Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Palos Heights

7c. INSIDE CITY (YES/NO): yes

7d. HOSPITAL OR OTHER INSTITUTION—No. (IF NOT IN EITHER, GIVE STREET AND NUMBER): Palos Community Hospital

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois

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

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married

11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Susan Wheeler

12. SOCIAL SECURITY NUMBER: 319-48-4993

13a. USUAL OCCUPATION: Machinist

13b. KIND OF BUSINESS OR INDUSTRY: Machine repair

13c. U.S. WAR VETERAN (YES/NO): no

13d. WAR OR DATES OF SERVICE: —

14a. RESIDENCE—STATE: Illinois

14b. COUNTY: Du Page

14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Villa Park

14d. INSIDE CITY (YES/NO): yes

14e. STREET AND NUMBER: 12 W. Terrace

15. FATHER—NAME (FIRST, MIDDLE, LAST): Richard Bunge

16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Ethel Anderson

17a. INFORMANT'S SIGNATURE: Richard Bunge

17b. RELATIONSHIP: father

17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 18663 MacArthur Dr., Villa Pk., Ill 60181

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I. IMMEDIATE CAUSE: (a) Asphyxia

DUE TO, OR AS A CONSEQUENCE OF: (b) Drowning

(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

19a. AUTOPSY (YES/NO): YES

19b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY): Accident

20b. DATE OF INJURY (MONTH, DAY, YEAR): DEC 12 77

20c. HOUR: unk M.

20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART II, ITEM 19): drowning

20e. INJURY AT WORK (YES/NO): NO

20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY): CANAL

20g. LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY; STATE): Hemont Ill

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT — —

21b. THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR): DEC 12 77

21c. AT: 4:10 P.M.

22a. SIGNATURE: MEDICAL EXAMINER — Robert D. Stein, Supt.

22b. DATE SIGNED (MONTH, DAY, YEAR): DEC 13 77

23a. PHYSICIAN'S SIGNATURE: MEDICAL EXAMINER — Leo F. Bremer MD

23b. DATE SIGNED (MONTH, DAY, YEAR): 12-13-77

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

24b. CEMETERY OR CREMATORY—NAME: Chapel Hill West

24c. LOCATION—CITY OR TOWN, STATE: Elmhurst, Ill.

24d. DATE (MONTH, DAY, YEAR): Dec. 15, 1977

25a. FUNERAL HOME NAME, STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP: Ahlgrim & Sons Ltd. 567 S. Spring Rd., Elmhurst, Ill. 60126

25b. FUNERAL DIRECTOR'S SIGNATURE: Oratur B. Ahlgrim

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6269

26a. LOCAL REGISTRAR'S SIGNATURE: COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. — JOHN B. HALL, M.D. — Carl L. Bilz

26b. DATE REC'D. BY LOCAL REGISTRAR: Dec 14 1977

VR 202 (1971r) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U. S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

STATE REGISTRAR—VITAL RECORDS

Robert T. Conforti

DEPUTY STATE REGISTRAR

SPRINGFIELD

JANUARY 12, 1987

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of February A.D., 19 87 at 12:45 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 1688. the 3rd day

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Fred A. Nettelbeck Box 179, Beatty, Oregon 97621