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00684 ID TAG NO.

362 Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Ralph; Middle: Elmer; Last: LUND

2 DATE OF DEATH (month, day, year): September 22, 1987

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

4 SEX: Male

5a AGE — Last Birthday (years): 75; Under 1 year: mos. 5b; Under 1 day: hours 5c, min

6 DATE OF BIRTH (month, day, year): January 13, 1912

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 4313 Winter 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): Utah

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

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

SPOUSE (IF MARRIED, WIDOWED): Ruth Irene Lund

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

13 SOCIAL SECURITY NUMBER: 543-10-2119

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4313 Winter St.

ZIP: 97603

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

16 FATHER — NAME first middle last: Walter Eric Lund

17 MOTHER — first middle last (Maiden Name): Eva - Warburton

18 INFORMANT — NAME and relationship to deceased: Ruth Irene Lund, Wife

DISPOSITION

19a USUAL CREMATION, REMOVAL, BAUR'S (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Lakeview Cemetery

19c LOCATION city or town state: Macdoel, California

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

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

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

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

21a (Signature): [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): September 23, 1987

21c HOUR OF DEATH: 4:45 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Alden Glidden, M.D., 2680 Uhrmann Rd., Klamath Falls, Oregon ZIP: 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 25 1987

22b REGISTRAR (Signature): Michelle Batliff

CAUSE OF DEATH

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

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) [illegible] Disease — Interval between onset and death: 6 mos

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cancer of the Colon — Interval between onset and death: Unknown

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

25a ACCIDENT (Specify Yes or No)	25b DATE OF INJURY (Mo., Day, Year)	25c HOUR OF INJURY	25d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No): No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26c 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. 6-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 24 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruth I. Lund
of October A.D., 19 87 at 1:41 o'clock P M., and duly recorded in Vol. M87, the 6th day
of Deeds on Page 18181.

FEE $5.00

Evelyn Biehn County Clerk
By Kenneth A. Bebel

Return to: Ruth I. Lund--4313 Winter St.--Klamath Falls, OR