CERTIFICATION OF VITAL RECORD

86659

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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

I.D. TAG NO.: B7115
Local File Number:
State File Number: 136-

Field	Entry
1. Decedent's Name (First, Middle, Last)	Eldon Jay DUNN
2. Sex	M
3. Date of Death	February 14, 1988
4. Social Security Number	543-26-2046
5a. Age - Last Birthday (Years)	58
6. Birthplace	La Grande, Oregon
7. Date of Birth	May 11, 1929
8. Was Decedent Ever in U.S. Armed Forces?	Yes
9a. Place of Death	Hospital – ER/Outpatient
9b. Facility Name	Woodland Park Hospital
9c. City, Town, or Location of Death	Portland
9d. County of Death	Multnomah
10a. Decedent's Usual Occupation	Project Manager
10b. Kind of Business/Industry	State of Oregon
11. Marital Status	Married
12. Spouse	Juanita
13a. Residence - State	Oregon
13b. County	Multnomah
13c. City, Town, or Location	Portland
13d. Street and Number	311 N.E. 134th
13e. Inside City Limits?	No
13f. Zip Code	97230
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	12
17. Father - Name	William J. Dunn
18. Mother - Name	Olive Thelma Bell
19. Informant - Name and Relationship to Deceased	Juanita Dunn - Wife
20a. Method of Disposition	Cremation
20b. Place of Disposition	Uniservice Crematory
20c. Location	Portland, Oregon
21a. Signature of Funeral Service Licensee	Richard E. [signature]
21b. License Number	3354
22. Name, Address and Zip of Facility	Gateway Little Chapel of the Chimes, 1515 N.E. 106th-Portland, Ore 97220
23. Time of Death	12:16 P M
24. Was Medical Examiner Notified?	Yes
25. Signature (Certifier)	[signature] MD
26. Date Signed	2/15/88
27a. Time of Death (Medical Examiner)	
27b. Date Pronounced Dead	
28. Signature (Medical Examiner)	
29. Date Signed	
30. Name, Title, Address and Zip of Certifier	Tom R. Dunham, M.D.-545 N.E. 47th #215-Portland, Oregon 97213
31. Name of Attending Physician if Other Than Certifier	
32. Immediate Cause (a)	Probable myocardial infarction (Interval: [illegible])
(b) Due to, or as a consequence of	Ischemic heart disease (Interval: Years)
(c) Due to, or as a consequence of	
Part II. Other Significant Conditions	Hypertension, mild, with chronic lung disease / peptic ulcer disease
33. Autopsy	No
35. Manner of Death	Natural
38. Date Filed	FEB 22 1988
37. Registrar's Signature	Arthur W. Bloom [signature]
39. Did Hospital Representative Make Request for Anatomical Gift Consent?	Yes
40. Was Gift Made?	Yes
Reserved for Registrar's Use	

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ORIGINAL—VITAL STATISTICS COPY

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

[signature]
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

FEB 22 1988
DATE ISSUED

STATE OF OREGON · MULTNOMAH COUNTY OREGON · 1854

$5.00 Cash

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 25th day of April A.D. 1988 at 11:45 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 6496.

Evelyn Biehn County Clerk
By [signature]

FEE $5.00 Ret.: Juanita Dunn-311 N.E. 134th - Portland, Ore.