108

CERTIFICATE OF DEATH

ORS – 146

Local File Number

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 DECEDENT ITEMS

1 DECEASED — NAME: First CHARLOT | Middle LEE | Last DUNN

2 DATE OF DEATH (month, day, year): March 11, 1987

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

4 SEX: Female

5a AGE — Last birthday (years): 69

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): November 27, 1917

7a CITY, TOWN OR LOCATION OF DEATH: Near Chiloquin

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Hywy #422 N / milepst 2.5

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): Texas

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

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

11 SPOUSE (If married, widowed): Ellsworth

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

13 SOCIAL SECURITY NUMBER: 521 - 07 - 5379

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

14b KIND OF BUSINESS OR INDUSTRY: Fire District

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D.: HC 30, Box 136F

ZIP: 97624

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

16 FATHER — NAME first middle last: Charles Earl

17 MOTHER — first middle last (Maiden Name): Vera Mary Walker

18 INFORMANT — NAME and relationship to deceased: Ellsworth Dunn / Husband

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

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

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

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. - 97601

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 9:15 A M

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): March 11, 1987 at 9:20 A M

21c FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): [signature]

21e NAME AND TITLE — (Type or Print): Charles D. Bury, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): March 16, 1987

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): March 16, 1987

22b REGISTRAR (Signature) ►

CAUSE OF DEATH

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

PART I (a) Head Trauma — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: Auto Accident — Interval between onset and death

(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)

AUTOPSY (Specify Yes or No): 24 No

25a DATE OF INJURY (Month, Day, Year): March 11, 1987

25b HOUR: 9:15 AM

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Two vehicle automobile accident

25d INJ. AT WORK (Specify Yes or No): NO

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Highway

25f LOCATION (Street or R.F.D. No., City or Town, County, State): Hywy 422 N., mp 2.5 / Chiloquin / Klamath / Ore.

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

45-107 Rev. 1-86

ORIGINAL–VITAL STATISTICS COPY

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 [signature] Deputy Registrar

Date March 16, 1987

VOID IF ALTERED

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

Recorded M/C

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 6th day of Sept. A.D., 19 88 at 11:40 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 14466.

Evelyn Biehn, County Clerk

FEE $8.00

By Pauline Muellenbach

'88 SEP 6 AM 11 40