93462

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Giacomini & Knieps
635 Main Street
Klamath Falls, Or. 97601

K-40859

21014 ID TAG NO.

484 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

DECEASED — NAME (First, Middle, Last): 1 Helen Marie BUNNELL

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

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

4 SEX: Female

5a AGE — Last birthday (years): 71

5b Under 1 year: mos / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 12, 1916

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): James A. Bunnell

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

13 SOCIAL SECURITY NUMBER: 541-52-5902

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

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Merrill

15d STREET AND NUMBER OR R.F.D.: HC 62 Box 43 ZIP 97633

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

16 FATHER — NAME first middle last: John Rudolph Mikolas

17 MOTHER — first middle last (Maiden Name): Dorthea Johnson

18 INFORMANT — NAME and relationship to deceased: James A. Bunnell, Husband

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Mt. Laki Cemetery

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

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mike Ohair

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

CERTIFIER

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): Blake Berven M.D.

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

21c HOUR OF DEATH: 11:30 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. ZIP 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): DEC 23 1987

22b REGISTRAR (Signature): Michelle Batliff

CAUSE OF DEATH

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

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

PART I

(a) Acute Myocardial infarction — Interval between onset and death: 5 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) ASHD — Interval between onset and death: 10 years

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).

Diabetes, Osteomyelitis, Chronic pericarditis

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

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. 6-86

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

DATE ISSUED DEC 23 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 3rd day of Nov. A.D., 1988 at 10:36 o'clock A. M., and duly recorded in Vol. M88, of Deeds on Page 18677.

FEE $8.00

Evelyn Biehn, County Clerk
By Pauline Mullendore