

## CERTIFICATION OF VITAL RECORD

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Dale Middle: Stanley Last: DUNIVAN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 30, 1989		
4. SOCIAL SECURITY NUMBER 020-28-5305		5a. AGE - Last Birthday (Years) 53	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Dixmont, Maine	7. DATE OF BIRTH (Month, Day, Year) July 28, 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner Furniture Manufacturing		10b. KIND OF BUSINESS/INDUSTRY Furniture Manufacturing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Jo-Ann		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Chiloquin		13d. STREET AND NUMBER H C Box 1204		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		17. FATHER - NAME first middle last James W. Dunivan	
18. MOTHER - NAME first middle maiden Viola - Leavitt		19. INFORMANT - NAME and relationship to deceased Jo-Ann Dunivan, wife		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrell Reid	
21b. LICENSE NUMBER (Of Licensee) 3329		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.		23. DATE FILED (Month, Day, Year) FEB 7 1989	
24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 10:25 A. M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. Richard P. Sargent M.D.					
30. DATE SIGNED (Month, Day, Year) February 1, 1989					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard P. Sargent, M.D., Chiloquin Plaza, Chiloquin, Oregon 97624					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST					
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Sudden Cardiac Death DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:					
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. High blood pressure					
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide					
36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk					
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NIA					

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED FEB 7 1989

RETURN: DANN DUNIVAN  
H.C. 30 BOX 97  
Chiloquin, OR  
Marian Ackerman  
CLAMATH COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 24th day  
of Feb. A.D., 19 89 at 9:46 o'clock A.M., and duly recorded in Vol. M89  
of Deeds on Page 3363  
Evelyn Biehn County Clerk  
By Catherine Nicksola

FEE \$8.00