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

CERTIFICATE OF DEATH

Local File Number: 87 — 09749 — ID TAG NO. 42

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) HERBERT	(Middle) MARVIN	(Last) MUNSELL	2 DATE OF DEATH (month, day, year) January 23, 1987
3 RACE (White, Black, American Indian, etc.) (Specify) White	SEX Male	5a AGE — Last birthday (years) 76	Under 1 year: 5b mos. days; Under 1 day: 5c hours min.
6 DATE OF BIRTH (month, day, year) November 8, 1910			
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) Iowa	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Frances
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No			
13 SOCIAL SECURITY NUMBER 543 - 10 - 1993	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed	14b KIND OF BUSINESS OR INDUSTRY Public Accountant	
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 211 Lincoln ZIP 97601
15e Inside City Limits (Specify yes or no) Yes			
16 FATHER — NAME first middle last Marvin Munsell	17 MOTHER — NAME first middle last (Maiden Name) Herriette Finch	18 INFORMANT — NAME and relationship to deceased Frances Munsell / Wife	

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (Specify) Burial	19b CEMETERY OR CREMATORY — NAME Linkville Cemetery	19c LOCATION city or town, state Klamath Falls, Or.	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) James K. Howser	20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. - 97601		

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) M.D.	21b DATE SIGNED (Mo., Day, Year) Jan 26 '87	21c HOUR OF DEATH 11:08 PM

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Earle M. LeVernois, MD / 2628 Campus Dr / Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) January 27, 1987	22b REGISTRAR (Signature) Katherine E. Cravens

CAUSE OF DEATH

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

PART I 23 (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Cardio Resp. Failure		Interval between onset and death Terminal
(b) DUE TO, OR AS A CONSEQUENCE OF: Cardio Resp. Failure Rupt Abd. Aortic Aneurysm		Interval between onset and death 5 hrs
(c) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis		Interval between onset and death Unknown
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)	24 AUTOPSY (Specify Yes or No) No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No) 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

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravens, Deputy Regisrtar

Date February 3, 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Howser & Munsell the 14th day of Nov. A.D., 19 89 at 11:23 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 21936.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Howser & Munsell
P.O. Box 640
AShland, Or. 97520

89 NOV 14 AM 11 28