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CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

3 89 38 1140
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Value
1A. Name of Decedent—First (Given)	Richard
1B. Middle	Alan
1C. Last (Family)	Kundert
2A. Date of Death—Month, Day, Year	February 14, 1989
2B. Hour	1300
3. Sex	M
4. Race	Cau.
5. Spanish/Hispanic	☐ Yes Specify ___ XX No
6. Date of Birth—Month, Day, Year	May 4, 1930
7. Age in Years	58
If under 1 year: Months / Days	
If under 24 hours: Hours / Minutes	
8. State of Birth	Wi.
9. Citizen of What Country	U.S.A.
10A. Full Name of Father	Charles A Kundert
10B. State of Birth	Wi.
11A. Full Maiden Name of Mother	Hazel A. Vanderhoef
11B. State of Birth	Wi.
12. Military Service?	19 61 to 19 89 ☐ None
13. Social Security Number	389-24-4396
14. Marital Status	Married
15. Name of Surviving Spouse (if wife, enter maiden name)	Helen M. Krueger
16A. Usual Occupation	Professional Soldier
16B. Usual Kind of Business or Industry	Military
16C. Usual Employer	U.S.Army
16D. Years in Usual Occupation	28yrs
17. Number of Highest Grade Completed (1–12 or College 13–17+)	14

USUAL RESIDENCE

Field	Value
18A. Residence—Street and Number or Location	32807 35th Avenue
18B. City	So.West Federal Way
18C. Zip Code	98023
18D. County	King
18E. Number of Years in This County	7
18F. State or Foreign Country	Washington
20. Name, Relationship, Mailing Address and Zip Code of Informant	Helen M. Kundert (wife) 32807 35th Avenue So. West Federal Way, Wa.98023

PLACE OF DEATH

Field	Value
19A. Place of Death	Letterman Army Med Ctr
19B. If Hospital, Specify One: IP, ER/OP, DOA	IP
19C. County	San Francisco
19D. Street Address—Street and Number or Location	Presidio of San Francisco
19E. City	San Francisco
22. Was Death Reported to Coroner?	X Yes NC-416 (Referral Number) ☐ No

CAUSE OF DEATH 06 4149 06

21. Death was caused by: (Enter only one cause per line for A, B, and C—Type or Print)

	Cause	Time Interval Between Onset and Death
Immediate Cause (A)	Cardiovascular collapse	4 hours
Due to (B)	Polymorphic ventricular tachycardia	3 years
Due to (C)	Ischemic coronary artery disease	4 years

23. Was Biopsy Performed? ☐ Yes X No
24A. Was Autopsy Performed? X Yes ☐ No
24B. If Yes, Was It Used in Determining Cause of Death? ☐ Yes X No

25. Other Significant Conditions Contributing to Death but Not Related to Cause Given in 21: Prostatic cancer

26. Was Operation Performed for Any Condition in Item 21 or 25? Month, Day, Year: 02/13/89 Type: Coronary artery bypass

PHYSICIAN'S CERTIFICATION

I certify that death occurred at the hour, date and place stated from the causes stated.

Field	Value
27A. Decedent Attended Since (Month, Day, Year)	02/10/89
Decedent Last Seen Alive (Month, Day, Year)	02/14/89
27B. Signature and Degree or Title of Physician	[signature]
27C. Physician's License Number	U.S. Army
27D. Date Signed	02/14/89
27E. Type Attending Physician's Name and Address	Carl W. Adams, MAJ, MC, Letterman Army Medical Center

CORONER'S USE ONLY

I certify that death occurred at the hour, date and place stated from the causes stated.

28A. Signature of Coroner or Deputy Coroner
28B. Date Signed
29. Manner of Death—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined
30A. Place of Injury
30B. Injury at Work ☐ Yes ☐ No
30C. Date of Injury Month, Day, Year
31. Hour
32. Location (Street and Number or Location and City)
33. Describe How Injury Occurred (Events Which Resulted in Injury)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Value
34A. Disposition	Trans/Burial
34B. Place of Final Disposition	Fort Lawton Post Cemetery Seattle, Wash.
34C. Date of Disposition (Month, Day, Year)	Feb.20, 1989
35A. Signature of Embalmer	[signature]
35B. License Number	#7626
36A. Name of Funeral Director (or Person Acting as Such)	McAvoy O'Hara Co.
36B. License No.	523
37. Signature of Local Registrar	[signature]
38. Registration Date	FEB 1 7 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	Census Tract
						800

'90 MAY 17 AM 11 45

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 89

DATED: July 12, 1989

David Werdegar, MD MPH
DAVID WERDEGAR, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR

SAN FRANCISCO, CALIFORNIA

Return to:
Janice A. Drye, Attny.
Route 10 Box 120
Spokane, Wa 99206

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co. the 17th day of May A.D., 19 90 at 11:45 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 9441.

Evelyn Biehn, County Clerk
By [signature]

FEE $8.00