

20109

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. m90 Page 18422

STATE FILE NUMBER		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
DONALD		DUNN		NOVEMBER 19, 1988 0100	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
MALE		CAU/AMERICAN		NO	
6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
FEBRUARY 24, 1915		73 YEARS		MONTHS DAYS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
NORTH DAKOTA		JAMES R. DUNN/WISCONSIN		CARRIE M. BAUGHMAN/IOWA	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 41 TO 19 64		321 16 8142	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
MARRIED		CLARA BUCK		MILITARY	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
26		UNITED STATES AIR FORCE		DEFENSE	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. CITY OR TOWN	
1409 PINEGROVE ROAD		KLAMATH FALLS		KLAMATH FALLS	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
KLAMATH COUNTY		OREGON		CLARA DUNN/WIFE	
21A. PLACE OF DEATH		21B. COUNTY		1409 PINEGROVE ROAD	
DAVID GRANT USAF MEDICAL CENTER		SOLANO		KLAMATH FALLS OR 97603	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
TRAVIS AIR FORCE BASE		FAIRFIELD		IMMED	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(A) CARDIOPULMONARY ARREST		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(B) ADENOCARCINOMA OF THE LUNG		NO	
		(C) NONE		25. WAS BIOPSY PERFORMED?	
				YES	
				26. WAS AUTOPSY PERFORMED?	
				YES	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE		28. PHYSICIAN'S LICENSE NUMBER	
NONE		(R) WEDGE RESECTION LUNG 1987		28. PHYSICIAN'S LICENSE NUMBER	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		KEVIN CULBERT, CAPT, USAF, MC		25 NOV 88	
NOV 7, 1988 NOV 19, 1988		DAVID GRANT USAF MEDICAL CENTER, TRAVIS AFB CA 94535 5300			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
				32A. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
		Rod Noble		5994	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		Nov. 23, 1988		Camellia Memorial Lawn, Sacramento	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
A.J. Nicoletti, Inc.		F 355		NOV 22 1988	
STATE REGISTRAR		A.		B.	
		C.		D.	
		E.		F.	

VS-11 (1-85)

THIS IS A TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE IN THE
SOLANO COUNTY DEPARTMENT OF PUBLIC
HEALTH, WASHINGTON, CALIFORNIA

HEALTH OFFICER AND LOCAL REGISTRAR

DATE: DEC - 2 1988

"FEE WAIVED UNDER PROVISIONS
OF GOVERNMENT CODE, SECTION
86 CALIFORNIA"

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Clara J. Dunn the 13th day
of Sept. A.D., 19 90 at 2:15 o'clock PM., and duly recorded in Vol. M90
of Deeds on Page 18422

Evelyn Biehn - County Clerk

By Pauline M. Mendenhall

FEE \$8.00

Return: Clara J. Dunn

8317 Hayfield Cr., Sacramento, Ca. 95828