

## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

F 1946  
I.D. TAG NO.  
289  
Local File Number

1. DECEDENT'S NAME  
First: Diane, Middle: Marie, Last: CUNNINGHAM  
2. SEX: Female  
3. DATE OF DEATH (Month, Day, Year): July 10, 1990

4. SOCIAL SECURITY NUMBER: 544-54-1455  
5a. AGE - Last Birthday (Years): 41  
5b. Under 1 Year: Mos. Days  
5c. Under 1 Day: Hours Mins.  
6. BIRTHPLACE (City and State or Foreign Country): The Dalles, Oregon  
7. DATE OF BIRTH (Month, Day, Year): May 12, 1949

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  
☐ Yes ☒ No  
9a. PLACE OF DEATH (Check only one)  
☐ HOSPITAL: ☐ Inpatient ☒ Outpatient ☐ DOA ☐ OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ 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): School Teacher  
10b. KIND OF BUSINESS/INDUSTRY: Elementary Education  
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married  
12. SPOUSE (If Married, Widowed): Ronald F. Cunningham

13a. RESIDENCE - STATE: Oregon  
13b. COUNTY: Klamath  
13c. CITY, TOWN, OR LOCATION: Klamath Falls  
13d. STREET AND NUMBER: 6719 Cottage Avenue

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes  
15. RACE American Indian, Black, White, etc. (Specify): White  
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (12) College (14 or 15+)

17. FATHER - NAME first middle last: Stuart M. Macnab  
18. MOTHER - NAME first middle maiden: Evelyn Helen Zodrow  
19. INFORMANT - NAME and relationship to deceased: Ronald F. Cunningham Spouse  
20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)  
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service  
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]  
21b. LICENSE NUMBER (Of Licenses): 3287  
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine Street, Klamath Falls, OR 97601  
23. DATE FILED (Month, Day, Year): JUL 12 1990  
24. REGISTRAR'S SIGNATURE: Nancy Kennedy  
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A  
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH: 4:32 A  
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No  
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)  
30. DATE SIGNED (Month, Day, Year): July 12, 1990  
31. TIME OF DEATH: 4:32 A  
32. DATE PRONOUNCED DEAD (Month, Day, Year): July 10, 1990  
33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)  
34. DATE SIGNED (Month, Day, Year): July 12, 1990  
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Jon G. Mc Kellar M.D., M.E. 2300 Clairmont Street Klamath Falls, OR 97601

36. 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) Atherosclerotic Coronary Artery Disease (99%) Left Main  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) Myocardial Infarction  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) Status Post Radiation to Mediastinum For Hodgkins Disease  
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.  
Hodgkins Disease

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown  
38. AUTOPSY: ☒ Yes ☐ No  
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH  
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention  
41a. DATE OF INJURY (Month, Day, Year)  
41b. TIME OF INJURY  
41c. INJURY AT WORK? ☐ Yes ☒ No  
41d. DESCRIBE HOW INJURY OCCURRED  
41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)  
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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DATE ISSUED NOV 2 1990

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Melvin D. Ferguson the 2nd day  
of Nov. A.D., 19 90 at 11:19 o'clock AM., and duly recorded in Vol. M90  
of Deeds on Page 22020  
Evelyn Biehn County Clerk  
By [Signature]

FEE \$8.00

Return: Melvin D. Ferguson  
325 Main, Klamath Falls, Or. 97601