#0203220

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

27748

Vol M91 Page 5985

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

87-018996

B-9769 ID TAG NO. C5689 — Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME (First / Middle / Last)	JAMES / RICHARD / SHUNN	2 DATE OF DEATH (month, day, year)	OCTOBER 10, 1987
3 RACE (White, Black, American Indian, etc.) (specify)	white	SEX	male
5a AGE — Last Birthday (years)	74	5b Under 1 year — months	5c Under 1 day — hours / min
6 DATE OF BIRTH (month, day, year)	September 7, 1913		
7a CITY, TOWN OR LOCATION OF DEATH	Portland	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	Veterans Administration
7c IF HOSP OR INST indicate DOA, OP, Emer. Rm, Inpatient (specify)	Inpatient	7d COUNTY OF DEATH	Multnomah
8 STATE OF BIRTH (If not in U.S.A. name country)	Wisconsin	9 CITIZEN OF WHAT COUNTRY	United States
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	Evelyn
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	Yes		
13 SOCIAL SECURITY NUMBER	472 09 4928	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Electrician 575231
14b KIND OF BUSINESS OR INDUSTRY	Lumber		
15a RESIDENCE — STATE	Oregon	15b COUNTY	Klamath
15c CITY, TOWN OR LOCATION	Klamath Falls	15d STREET AND NUMBER OR R.F.D.	2625 Altamont Dr. #10
ZIP	97603	15e Inside City Limits (specify yes or no)	no
16 FATHER — NAME (first, middle, last)	Richard E. Shunn	17 MOTHER — NAME (first, middle, last, Maiden Name)	Mery E. Smith
18 INFORMANT — NAME and relationship to deceased	Evelyn Shunn-Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	19b CEMETERY OR CREMATORY — NAME	Pioneer Crematorium
19c LOCATION (city or town, state)	Portland, Oregon		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)		20b NAME AND ADDRESS OF FACILITY	Portland Funeral Alternatives 529 N.E. Couch Portland, OR 97232

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)		21b DATE SIGNED (Mo., Day, Year)	10/16/87
21c HOUR OF DEATH	1:30 p.m.		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)	Tom Schwinn Berg MD	ZIP	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	Tom Schwinn Berg MD		
21e	D. Vet. M.D.S.	Veterans Administration Medical Center 3710 S.W. US Veterans Hospital Road Portland, OR 97207	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	OCT 19 1987	22a REGISTRAR (Signature)	Edward W. Bloom

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		Interval between onset and death
23 IMMEDIATE CAUSE		
(a) DUE TO, OR AS A CONSEQUENCE OF	Cardiac arrest	5 min
(b) DUE TO, OR AS A CONSEQUENCE OF	Pulmonary edema	3 weeks
(c)	Acquired Morbid Syndrome	

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)	Yes
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 ☒ NA ☐

WAS GIFT MADE? YES ☐ NO ☐ NA ☐

RESERVED FOR REGISTRAR'S USE

45-2 Rev 6-86

ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAR 28 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 3rd day of April A.D., 19 91 at 3:32 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 5985.

Evelyn Biehn - County Clerk

FEE $8.00

By Pauline Mullendore

Return: ATC