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12-01-93P01:28 RCVD

Volume 3 Page 31922

CERTIFICATION OF VITAL RECORD

098156
I.D. TAG NO.

560
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

130-
State File Number

1. DECEDENT'S NAME	First: Belle	Middle: Muriel	Last: CUNNINGHAM	2. SEX: Female
3. DATE OF DEATH (Month, Day, Year)	November 26, 1993			
4. SOCIAL SECURITY NUMBER	544-24-1032	5a. AGE Last Birthday (Years)	85	5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.		6. BIRTHPLACE (City and State or Foreign Country)	McPherson CO,SD	7. DATE OF BIRTH (Month, Day, Year) October 18, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	☐ Yes ☒ No			
9a. PLACE OF DEATH (Check only one)	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number)	Clairmont Nursing 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)	Cook	10b. KIND OF BUSINESS/INDUSTRY	Elementary Education	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married
12. SPOUSE (If Married, Widowed)	Gordon F. Cunningham			
13a. RESIDENCE - STATE	Oregon	13b. COUNTY	Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER	6307 Elder Way			
13e. INSIDE CITY LIMITS?	☐ Yes ☒ No	13f. ZIP CODE	97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE - American Indian, Black, White, etc. (Specify)	White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12	College (1-4 or 5+)
17. FATHER - NAME first middle last	Frank Jones	18. MOTHER - NAME first middle maiden	Millie Jadin	19. INFORMANT - NAME and relationship to deceased: Gordon 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	James D. Riggs	21b. LICENSE NUMBER (Of Licensee)	CO-3572	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls,OR 97601
23. DATE FILED (Month, Day, Year)	NOV 30 1993	24. REGISTRAR'S SIGNATURE	Evelyn Simmons	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	☐ YES ☒ NO ☐ N/A	26. WAS GIFT MADE?	☐ YES ☒ NO ☐ N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:40 P M
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) James N. Beggs M.D.
30. DATE SIGNED (Month, Day, Year) 11/29/93
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year)
32. 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)
33. DATE SIGNED (Month, Day, Year) COUNTY

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

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) Embolic CVA — Interval between onset and death: 30 days
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Hypertension, Generalized Arteriosclerosis
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. Was Medical Examiner or Coroner contacted? ☐ Yes ☐ No
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ 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)

RESERVED FOR REGISTRAR'S USE

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45-2 Rev. 1991

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: NOV 30 1993

Charlene Barnes
CHARLENE BARNES
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF KLAMATH COUNTY OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gordon Cunningham the 1st day of Dec. A.D. 19 93 at 1:28 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 31922

Evelyn Biehn County Clerk

By _____

FEE $10.00

Return: Gordon Cunningham, 6307 Elder Way, Klamath Falls, Or. 97603