K-46967

88515

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M94 Page 29717

I.D. TAG NO.

DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Local File Number 2405

93-025957

CERTIFICATE OF DEATH 136

State File Number

09-21-94A10:47 RCVD

1. DECEDENT'S NAME: First: John; Middle: Paul; Last: GUNN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): December 17, 1993
4. SOCIAL SECURITY NUMBER: 567 14 5533
5a. AGE-Last Birthday (Years): 77
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Green Forest, AR
7. DATE OF BIRTH (Month, Day, Year): September 28, 1916
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): 92372 Powerline Rd
9c. CITY, TOWN OR LOCATION OF DEATH: Eugene
9d. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Battalion Chief
10b. KIND OF BUSINESS/INDUSTRY: Fire Dept.
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Barbara
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lane
13c. CITY, TOWN OR LOCATION: Eugene
13d. STREET AND NUMBER: 92372 Powerline Rd
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97401
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes
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: Edward Gunn
18. MOTHER - NAME: first middle maiden: Letha Stanhope
19. INFORMANT - NAME and relationship to deceased: Barbara Gunn - Spouse
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Musgrove Crematory
20c. LOCATION - City or Town, State: Eugene, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 47-3574
22. NAME, ADDRESS AND ZIP OF FACILITY: Musgrove Family Mortuary, 1152 Olive St., Eugene, OR 97401
23. DATE FILED (Month, Day, Year): DEC 21 1993
24. REGISTRAR'S SIGNATURE
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: 1:30 A 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)
30. DATE SIGNED (Month, Day, Year): 12-17-1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Vitolds C. Vitums MD, 1200 Hilyard St., Eugene, OR 97401
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) End stage Emphysema — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ 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 ☐ 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 REGISTRANTS USE

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 AUG 05 1994

EDWARD J. JOHNSON II
STATE REGISTRAR

Vitums
1900 Tarpon Street
Eugene, Oregon 97401

Recorded return to: Barbara L. Gunn

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 21st day of Sept A.D., 19 94 at 10:47 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 29717

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Mullendore