

2659

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

F-7652
1.D. TAG NO.
05432
Local File Number

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

Vol. 1195 Page 17964
91-020503

State File Number

1. DECEDENT'S NAME First: <u>June</u> Middle: <u>Jacqueline</u> Last: <u>SUNDERLAND</u>		2. SEX <u>Female</u>		3. DATE OF DEATH (Month, Day, Year) <u>October 24, 1991</u>	
4. SOCIAL SECURITY NUMBER <u>547-30-1799</u>		5a. AGE Last Birthday (Years) <u>67</u>		5b. Under 1 Year Mos. <u> </u> Days <u> </u>	
6. BIRTHPLACE (City and State or Foreign Country) <u>Los Angeles, CA</u>		7. DATE OF BIRTH (Month, Day, Year) <u>July 11, 1924</u>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): <u>Daughters Hm</u>			
9b. FACILITY NAME (if not institution, give street and number) <u>6316 S.E. Stephens Road</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>		9d. COUNTY OF DEATH <u>Multnomah</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Home</u>		11. MARITAL STATUS: <u>Widowed</u> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Ralph C. Sunderland</u>		13a. RESIDENCE - STATE <u>California</u>		13b. COUNTY <u>Santa Barbara</u>	
13c. CITY, TOWN, OR LOCATION <u>Santa Barbara</u>		13d. STREET AND NUMBER <u>3730 Calle Real</u>			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16) <u> </u> Postgraduate (17-24) <u> </u>	
17. FATHER - NAME first middle last <u>Jim Peters</u>		18. MOTHER - NAME first middle maiden <u>Mildred McDonnough</u>		19. INFORMANT - NAME and relationship to decedent <u>Laurie Sunderland - Daughter</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): <u>Uniservice Crematory</u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Portland, Oregon</u>		20c. LOCATION - City or Town, State	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Paul Butterfield</u>		21b. LICENSE NUMBER (Of Licensee) <u>3073</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Gateway Little Chapel of the Chimes 1515 NE 106th Ave. Portland, OR 97220</u>	
23. DATE FILED (Month, Day, Year) <u>NOV 05 1991</u>		24. REGISTRAR'S SIGNATURE <u>William W. Bloom</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER		
27. TIME OF DEATH <u>8:30 a.m.</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH <u>8:30 a.m.</u>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		30. DATE SIGNED (Month, Day, Year) <u>10/28/91</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u>	
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) <u>[Signature]</u>		33. DATE SIGNED (Month, Day, Year) <u> </u>		COUNTY <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>John Takacs D.O. 5909 SE Division Portland, Oregon 97206</u>					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>					
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		PART II			
(a) <u>Anoxia</u> DUE TO, OR AS A CONSEQUENCE OF:		(b) <u>Respiratory compromise / impacted bowel</u> DUE TO, OR AS A CONSEQUENCE OF:			
(c) <u>Metastatic Colonie Cancer</u> DUE TO, OR AS A CONSEQUENCE OF:		(d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Fending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u> </u>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>			
41e. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			

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.

DEC 12 1991

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 11th day of July A.D., 19 95 at 3:28 o'clock P. M., and duly recorded in Vol. 1195 of Deeds on Page 17964

Bernetha G. Letsch County Clerk

FEE \$10.00

By

[Signature]

WHEN RECORDED RETURN TO:
CELESTE SUNDERLUND
1627 Anacapa Street
Santa Barbara, CA 93101

07-11-95P03:28 RCVD