

22450

96 AUG -1 P3:18

CERTIFICATE OF DEATH

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File No 108 002706

FILE DATE

1. NAME OF DECEASED First: Billy Middle: Carroll Last: DUNN			2a. DATE OF DEATH Month: April Day: 10 Year: 1987			2b. Hour of Death 7:00 A.M.		
3. SEX Male	4. RACE Caucasian	5. Never Married, Married, Widowed, Divorced: Specify Married	6. DATE OF BIRTH 10-22-34		7. AGE (in years last birthday) 52	8. If Under 1 Yr. Months: Days: Hours: Min.		9. If Under 24 Hrs. Hours: Min.
8. PLACE OF DEATH IN Washington, D.C. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in institution, give street address) WASHINGTON HOSPITAL CENTER			9. USUAL RESIDENCE a. STATE Maryland b. COUNTY St. Mary's			c. CITY California		
			d. STREET ADDRESS 206 Willis Drive			(If rural, give location)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Staff Engineer			10b. KIND OF BUSINESS OR INDUSTRY Engineering			11. BIRTHPLACE (State or foreign country) Alabama		
12a. CITIZEN OF WHAT COUNTRY? USA			12b. Origin or descent English			12c. Hispanic <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13a. FATHER'S NAME Sanford Carroll Dunn			13b. MOTHER'S MAIDEN NAME Voncile Flowers Dunn			14. NAME OF SURVIVING SPOUSE Janet Ann White Dunn		
15. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. SOCIAL SECURITY NO. 422-42-2323		17a. INFORMANT RELATIONSHIP TO DECEASED Wife - Janet Dunn, 206 Willis Dr., California, Md. 20619		17b. ADDRESS Street City State		
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary insufficiency DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (a) 19a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 19b. If Yes, Were Findings Considered in Determining the Cause of Death?								Interval Between Onset and Death:
IF OPERATION WAS PERFORMED COMPLETE ITEMS 20a and 20b			20a. DATE OF OPERATION			20b. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21a. Specify if accident, suicide, homicide, or manner undetermined			21b. HOUR AND DATE OF INJURY: Month, Day, Year M			21c. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II)		
21d. INJURY AT WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO			21e. PLACE OF INJURY: (At Home, Farm, Factory, Street or Office Building, Etc.)			21f. LOCATION CITY COUNTY STATE		
22. I certify that (I) (this hospital) attended the deceased from March 17, 1987, to April 10, 1987, and that death occurred from the causes and on the date and hour stated above.								
22a. SIGNATURE Anjum Qazi, M.D.						22b. DATE SIGNED April 10, 1987		
22c. PHYSICIAN'S NAME (Type)						22d. ADDRESS 1706 New Hampshire Ave, NW, WashDC		
23a. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		23b. DATE 4/14/87		23c. NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery		23d. LOCATION (City, town, or county) (State) Cheltenham, PG, Maryland		
24. FUNERAL HOME Brinsfield Funeral Home ADDRESS 59 N.Wash.St, Leonardtown, Md. 20650						25b. UNDERTAKER'S REGISTRATION NUMBER 320		
REMARKS:								

4-PS89-wd65

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED WITH THE VITAL RECORDS BRANCH, DISTRICT OF COLUMBIA, DEPARTMENT OF HUMAN SERVICES.

April 17, 1987

DATE ISSUED

NOT VALID WITHOUT RAISED SEAL

WARNING: IT IS ILLEGAL TO MAKE COPIES OF THIS DOCUMENT AND PRESENT THEM AS AN ORIGINAL, CERTIFIED COPY, OR COPY OF A VITAL RECORD.

John H. Randall

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 1st day of August A.D., 19 96 at 3:18 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 23371

FEE \$10.00

Bernetha G. Letsch, County Clerk

By