After recording return to:
Fran Johnson
4318 Clinton
Klamath Falls, OR 97603

23665

96 DEC -9 P3:17

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MTC 40044KA

TYPE OR PRINT IN PERMANENT BLACK INK

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

194580 I.D. TAG NO.
214 Local File Number
13B State File Number

1. DECEDENT'S NAME: First (Given) Gunnard; Middle: Oscar; Last: JOHNSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 16, 1995
4. SOCIAL SECURITY NUMBER: 544-09-6750
5a. AGE-Last Birthday (Years): 84
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Chapel, Nebraska
7. DATE OF BIRTH (Month, Day, Year): May 7, 1911
8a. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
8b. PLACE OF DEATH (Check only one): ☒ Hospital: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Mill
10b. KIND OF BUSINESS/INDUSTRY: Modoc Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Cora
13a. RESIDENCE-STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3102 Cannon
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Mexican, Puerto Rican, etc.) ☐ No ☐ Yes
15. RACE (American Indian, Black, White, etc.): White
16. DECEDENT'S EDUCATION (Highest grade completed) Elementary/Secondary (0-12): 3; College (1-4 or 5+):
17. FATHER - NAME: First, Middle, Last: Klaa - Johnson
18. MOTHER - NAME: First, Middle, Maiden: Amanda - Carlson
19. INFORMANT - NAME and relationship to deceased: Cora Johnson - Spouse
20a. METHOD OF DISPOSITION: ☐ Interment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, OR.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy 39W, Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): MAY 17 1995
24. REGISTRAR'S SIGNATURE: Evelyn Lancaster
25. DID FUNERAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT DONATION? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ Yes ☐ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:11 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): Byron T. Sequnaky
30. DATE SIGNED (Month, Day, Year): 5/16/95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

30a. TIME OF DEATH
30b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
31. 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)
32. DATE SIGNED (Month, Day, Year) COUNTY

33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Byron Sequnaky, MD - 2300 Clairmont - Klamath Falls, OR. 97601
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Ruptured Abdominal Aortic Aneurysm — DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death: 8-10 hrs.

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 the 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 ☐ 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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
ORIGINAL-VITAL STATISTICS COPY
DATE ISSUED: MAY 18 1995

Return: Fran Johnson
4318 Clinton
K.F. OR 97603

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 9th day of December A.D., 19 96 at 3:17 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 38358

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00