69823

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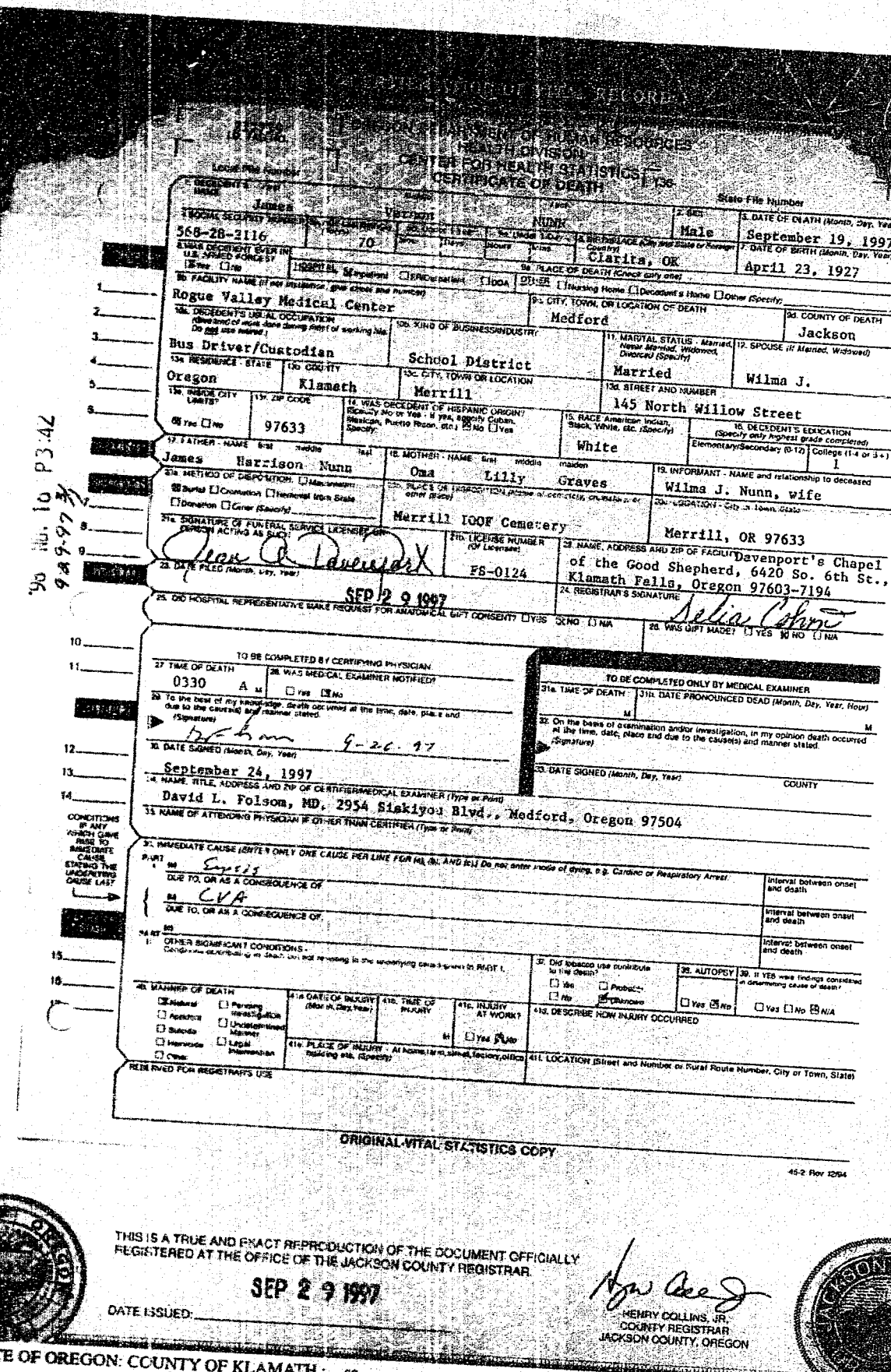

STATE OF OREGON
CERTIFICATE OF DEATH
LOCAL FILE NUMBER
STATE FILE NUMBER
DECEDENT'S NAME: James Vernon NUNN
SEX: Male
DATE OF DEATH: September 19, 1997
SOCIAL SECURITY NUMBER: 568-28-2116
AGE: 70
DATE OF BIRTH: April 23, 1927
BIRTHPLACE: Clarita, OK
PLACE OF DEATH: Rogue Valley Medical Center
CITY, TOWN, OR LOCATION OF DEATH: Medford
COUNTY OF DEATH: Jackson
USUAL OCCUPATION: Bus Driver/Custodian
KIND OF BUSINESS/INDUSTRY: School District
MARITAL STATUS: Married
SPOUSE: Wilma J.
RESIDENCE - STATE: Oregon
COUNTY: Klamath
CITY, TOWN OR LOCATION: Merrill
STREET AND NUMBER: 145 North Willow Street
INSIDE CITY LIMITS? Yes
ZIP CODE: 97633
WAS DECEDENT OF HISPANIC ORIGIN? No
RACE: White
EDUCATION: Elementary/Secondary (0-12): 1; College (1-4 or 5+):
FATHER - NAME: James Harrison Nunn
MOTHER - NAME maiden: Oma Lilly Graves
INFORMANT - NAME and relationship to deceased: Wilma J. Nunn, wife
METHOD OF DISPOSITION: Burial
PLACE OF DISPOSITION: Merrill IOOF Cemetery
LOCATION: Merrill, OR 97633
SIGNATURE OF FUNERAL SERVICE LICENSEE: Jean A. Davenport
LICENSE NUMBER: FS-0124
NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
DATE FILED: SEP 29 1997
REGISTRAR'S SIGNATURE: Celia Cohen
HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No
WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

TIME OF DEATH: 0330 A M
WAS MED-CAL EXAMINER NOTIFIED? No
To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature) [signature] 9-26-97
DATE SIGNED: September 24, 1997
NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: David L. Folsom, MD, 2954 Siskiyou Blvd., Medford, Oregon 97504
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

TIME OF DEATH:
DATE PRONOUNCED DEAD:
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)
DATE SIGNED:
COUNTY

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

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) Emphysema
DUE TO, OR AS A CONSEQUENCE OF
(b) CVA
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.

Did tobacco use contribute to the death? No
AUTOPSY: No
If YES were findings considered in determining cause of death? No
MANNER OF DEATH: Natural
DATE OF INJURY:
TIME OF INJURY:
INJURY AT WORK? No
DESCRIBE HOW INJURY OCCURRED
PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):
LOCATION (Street and Number or Rural Route Number, City or Town, State)
RESERVED FOR REGISTRAR'S USE

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 12/94

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

SEP 29 1997

DATE ISSUED:

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Wilma Nunn the 16th day of Nov A.D., 19 98 at 3:42 o'clock P M., and duly recorded in Vol. M98, of Deeds on Page 41888.

FEE $10.00 Ret: Wilma Nunn
PO Box 191
Merrill,OR 97633

Bernetha G. Letsch, County Clerk
By Kathleen Rose