After recording, return to:

ATTORNEY AT LAW
514 WALNUT AVENUE
KLAMATH FALLS, OR 97601

Vol M99 Page 13378

CERTIFICATION OF VITAL RECORD

PRINT IN PERMANENT BLACK INK

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

282502 ID TAG NO.
623 Local File Number
136- State File Number

DECEDENT

1 DECEDENT'S NAME: First: Robert; Middle: Warren; Last: HUNT
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): December 22, 1998
4 SOCIAL SECURITY NUMBER: 543-42-9513
5a AGE-Last Birthday (Years): 81
5b Under 1 Year: Mos. / Day.
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7 DATE OF BIRTH (Month, Day, Year): May 18, 1917
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): 2130 Eldorado Avenue, Apt #228
9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Rancher
10b KIND OF BUSINESS/INDUSTRY: Ranching
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed, Divorced): Doris Jean
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 2130 Eldorado Avenue, Apt #228
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97601
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes, Specify
15 RACE - American Ind., Black, White, etc. (Specify): White
16 EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 2

PARENTS

17 FATHER NAME first middle last: Warren - Hunt, MD
18 MOTHER NAME first middle maiden: Ethelyn Leona Blackwell
19 INFORMANT NAME and relationship if deceased: Doris Jean Hunt, wife

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pyramid Cremations
20c LOCATION City or Town, State: Klamath Falls, OR 97601

REGISTRAR

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b OREGON LICENSE NO. (Of Licensee): CO-3104
22 NAME, ADDRESS AND ZIP CODE OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23 DATE FILED (Month, Day, Year): DEC 23 1998
24 REGISTRAR'S SIGNATURE: Evelyn Simpson

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

25 TIME OF DEATH: 0515 A M
26 WAS DEATH AT EXAMINER NOTIFIED? ☐ Yes ☒ No
27 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
28 DATE SIGNED (Month, Day, Year): December 22, 1998
29 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601
30 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

CAUSE OF DEATH

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

PART I
(a) Bladder Carcinoma — Interval between onset and death: 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death:
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: Alzheimers Disease

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 Manner ☐ Legal Intervention ☐ Other
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY: M
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

DEC 23 1998
DATE ISSUED

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of William Ganong the 13th day of April A.D. 1999 at 2:05 o'clock P. M., and duly recorded in Vol. M99 of Deeds on Page 13378

Linda Smith, County Clerk

FEE $10.00 By Kathleen Lowe