

**CERTIFICATION OF VITAL RECORD**

**STATE OF ALASKA**

**CERTIFICATE OF DEATH**

ALASKA DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL STATISTICS  
JUNEAU, ALASKA

STATE FILE NO.

150- 66 0527

DATE REGISTERED

JUL 6 1966

RECORDER'S NO.

3613

1. PLACE OF DEATH a. STATE <b>ALASKA</b>		b. RECORDING DISTRICT <b>Sitka</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Alaska</b>		b. R. D. OR COUNTY <b>R. D.</b>	
c. CITY, TOWN, OR LOCATION <b>Chatham</b>		d. LENGTH OF STAY IN 1c <b>16 yrs.</b>		c. CITY, TOWN, OR LOCATION <b>Chatham</b>		d. LENGTH OF STAY IN 2c <b>16 yrs.</b>	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>On his boat (no name)</b>				e. STREET ADDRESS <b>On his boat</b>			
f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type of print) First Middle Last <b>RUSSELL DAVID McCUNE</b>			4. SEX <b>Male</b>				
5. RACE <b>White</b>		6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>Unknown</b> <input type="checkbox"/>		7. DATE OF DEATH Month Day Year <b>June 6, 1966</b>		7. HOUR AND MINUTE <b>Approx 8:00 AM</b>	
8. AGE (Last birthday) <b>71</b> YEARS		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		9. DATE OF BIRTH Month Day Year <b>Jan. 21, 1895</b>			
10. BIRTHPLACE (State or Foreign Country) <b>Dorr, Michigan</b>			11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. SOCIAL SECURITY NO. <b>574-07-2544</b>		
13 a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fisherman</b>				13 b. KIND OF BUSINESS OR INDUSTRY <b>Fishing</b>			
14. NAME OF FATHER <b>Unknown</b>			15. MAIDEN NAME OF MOTHER <b>Unknown</b>		16. NAME OF HUSBAND OR WIFE <b>Unknown</b>		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		18. INFORMANT'S SIGNATURE (If yes, give war or dates of service) <b>WW I</b>		ADDRESS <b>Records from Wallet of the deceased</b> <i>Refer to Gray, District Magistrate</i>			

INFORMANT RELATIVE OR OTHER PERSON GIVING THIS INFORMATION.

READ CAREFULLY BEFORE SIGNING HERE

PHYSICIAN OR OTHER PERSON GIVING THIS INFORMATION

SIGN HERE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (See reverse side)			IF VIOLENT DEATH, COMPLETE ITEMS 22-27		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Natural causes</b>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Heart Attack, apparently</b>					<b>Immediate</b>	
DUE TO (c)					<b>4344</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
20. IF A FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. WAS INQUEST HELD? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
23. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		24 a. PLACE OF INJURY (Such as home, cannery, etc.)		24 b. CITY, TOWN, OR LOCATION R. D. OR COUNTY STATE		
25. TIME OF INJURY Hour Month Day Year		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of Item 19)		
28. <input checked="" type="checkbox"/> I investigated the death of the deceased on <b>June 6, 1966</b> . <input type="checkbox"/> I attended the deceased from _____ to _____ and last saw the deceased alive on _____ } Death occurred at the time and on the date stated above; and to the best of my knowledge, from the causes stated.						
SIGNATURE: <i>Refer L Gray</i>		DEGREE OR TITLE: <b>District Magistrate</b>		ADDRESS: <b>Box 910 Sitka, Alaska</b>		DATE SIGNED

29 a. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>		29 b. DATE <b>6/7/66</b>		29 c. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Evergreen Cemetery Sitka, Alaska</b>		
29 d. PERMIT ISSUED BY:		30 a. FUNERAL DIRECTOR'S SIGNATURE <i>Donald L. Miles</i>		30 b. ADDRESS <i>Juneau, Alaska</i>		
31 a. RECORDER'S SIGNATURE <i>Refer L Gray</i>		31 b. ADDRESS <i>Box 910 Sitka</i>		32. DATE RECORDED		

30328 MAGISTRATE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL STATE COPY ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED

**JUN 09 1997**

**STATE REGISTRAR**

