17115 OREGON STATE BOARD OF HEALTH 7462
VITAL STATISTICS SECTION VOL M-67 PAGE

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 213 STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First FRANK Middle GARRETT Last COZINE

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Klamath Falls
C. LENGTH OF STAY IN 2B 7 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2614 Turnage

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon B. COUNTY Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC. 2614 Turnage

4. DATE OF DEATH Month July Day 18 Year 1967
5. SEX Male
6. COLOR OR RACE White
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. 538-09-1742
9. USUAL OCCUPATION (Kind of work done during most of life) Carman - retired
10. KIND OF BUSINESS OR INDUSTRY So. Pac. R.R.
11. NAME OF SPOUSE Bessie May Cozine
12. DATE OF BIRTH Month December Day 4 Year 1902
13. AGE LAST BIRTHDAY Yrs. 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Minutes
14. BIRTHPLACE (State or Foreign Country) Napa, California
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER Garrett B. Cozine
18. MAIDEN NAME OF MOTHER Rose Nerohina
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Rose Marie Magner (Daughter)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Prob. Cerebral Hemorrhage — Interval between Onset and Death: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Arteriosclerosis — years
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Arthritis Diabetes
21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, OR INJURY OCCUR ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour ..... Month Day Year ..... a. m. ..... p. m.
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from 8:30a 7 July 18, 1967 (date) to ..... and that the death occurred at ..... m. from the causes and on the date stated above.
➤ J. Martin Adkins, M.D. (Signature) Asst. Med. Inv. (Title) Klamath Falls, Oregon (Address) 7-19-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 7/22/67
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park
30D. LOCATION (City or Town) Klamath Falls, Oregon State
31. DATE RECEIVED BY LOCAL REGISTRAR 7-19-67
32. REGISTRAR'S SIGNATURE ➤ Marian Ackerman
33. FUNERAL DIRECTOR AND ADDRESS ➤ Wm P. Kendall Klamath Funeral Home Klamath Falls, Oregon

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. N. Kerron, M.D.
Registrar Vital Statistics

By Deputy Marian Ackerman

Date July 19, 1967

VS-16 2/56 **VOID IF ALTERED**

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Rosemarie Pisan

on this 21 day of September A.D. 1967 at 12:58 o'clock P M. and duly recorded in Vol. M-67 of Deeds Page 7402.

DOROTHY ROGERS, County Clerk
By Beverly J. Hyde Deputy

Fee 1.50