JUN 10 3 14 PM 1970

13755 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number 120

CERTIFICATE OF DEATH

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DECEASED

1. NAME — First: E. Middle: FRANK Last: PRINCE
2. SEX: Male
3. COLOR OR RACE (White, Negro, American Indian, etc. (specify): White
4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
5. DATE OF BIRTH (month, day, year): April 10 1895
6. AGE — Last birthday (years): 75; Under 1 year: months / days; Under 1 day: hours / minutes
7. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Accountant
8. KIND OF BUSINESS OR INDUSTRY: Construction Company
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. SOCIAL SECURITY NUMBER: 540 07 7678
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): No
12. RESIDENCE — STREET AND NUMBER: 2705 Laird
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. Inside City Limits (Yes or No): No
13c. COUNTY: Klamath
13d. STATE: Oregon
14a. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission): Same
14b. Inside City Limits (Yes or No): No
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. COUNTY: Klamath
14e. STATE: Oregon
15. FATHER — NAME: Samuel — Prince
16. MOTHER — Maiden Name: Elizabeth - Oyler
17. INFORMANT — NAME AND MAILING ADDRESS (Street and No. or R.F.D. No., City or Town, State): Charlene Prince (Wife)
18. PLACE OF DEATH: Intermountain Hospital
18a. STREET AND NUMBER: 2795 Laird
18b. CITY, TOWN, OR LOCATION: Klamath Falls
18c. COUNTY: Klamath
18d. STATE: Oregon
19. DATE OF DEATH (month, day, year): May 28, 1970
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM (month, day, year): April 29 1967 to May 28 1970
21. I LAST SAW THE DECEASED ALIVE (month, day, year): May 28, 1970
22. I DID / DID NOT VIEW THE BODY after death (specify): did not
23. TIME OF DEATH: 2:30 P.M.
24. DATE SIGNED (month, day, year): 5-29-70
25. AUTOPSY (Yes or No): No
26. IF YES, were findings considered in determining cause of death?
27. DISPOSITION (Burial, Cremation, Removal, Donation): Burial
28. CEMETERY OR CREMATORY — NAME: Eternal Hills Mem.Gar.
29. LOCATION (City or Town): Klamath Falls, Oregon
30. DATE (month, day, year): June 1, 1970
31. FUNERAL DIRECTOR — SIGNATURE AND ADDRESS (Street, City or Town, State, and Zip Code): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
32. REGISTRAR — SIGNATURE: Marjorie Tomkinson
33. DATE RECEIVED BY LOCAL REGISTRAR: MAY 29 1970
34. DATE RECEIVED BY STATE REGISTRAR

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)
(a) immediate cause: C-V-A; Hemorrhage
(b) due to, or as a consequence of: Hypertension
(c) due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I(a).

	ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature only)
1.				
2.				
3.	INJURY AT WORK (specify yes or no)	PLACE OF INJURY (e.g. home, farm, street, factory, office bldg., etc. (specify))	LOCATION (Street or R.F.D. No., City or Town, State)	

20f. CERTIFICATION — PHYSICIAN: I attended the deceased from: month, day, year

21. PHYSICIAN — SIGNATURE AND ADDRESS: M.D.
22a. MAILING ADDRESS (Street or R.F.D. No., City or Town, State): 125 Pine Street, Klamath Falls, Oregon
22b. NAME (type or print): M.E.Robinson
22c. I last saw him/her alive on: month, day, year
22d. I did / did not view the body after death (specify): did not
22e. Cause or Title: M.D.
22f. DATE SIGNED (month, day, year): 5-29-70

CERTIFIER

May 28, 1970

BURIAL

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)

NEIL BLACK, M.D., Registrar Vital Statistics

By Marjorie Tomkinson, Deputy Registrar

Date MAY 29 1970 19

VOID IF ALTERED

VS-2 R-69

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. E. Frank Prince

this 10th day of June A. D. 19 70 at 3:14 o'clock P M., and duly recorded in Vol. M70 of Deeds on Page 16012

WM. D. MILNE, County Clerk

Fee $1.50 By Phyllis Bardsley