T/A 28-2591

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

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70-008708

State File Number

DECEASED—NAME first middle last
1. FREDERICK RAY RAWLINS

DATE OF DEATH (month, day, year)
2. June 26, 1970

RACE White, Negro, American Indian, etc. (specify)
3. White

SEX
4. Male

AGE—Last birthday (years)
5a. 47

Under 1 year — mos. days 5b.
Under 1 day — hours min. 5c.

DATE OF BIRTH (month, day, year)
6. December 12, 1922

COUNTY OF DEATH
7a. Klamath

CITY, TOWN, OR LOCATION OF DEATH
7b. Klamath Falls

Inside City Limits (specify yes or no)
7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7d. Modoc Lumber Company

STATE OF BIRTH (If not in U.S.A., name country)
8. Ohio

CITIZEN OF WHAT COUNTRY
9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10. Married

NAME OF SPOUSE
11. Annabella Jean Rawlins

SOCIAL SECURITY NUMBER
12. 293-18-2053

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
13a. Millwright

KIND OF BUSINESS OR INDUSTRY
13b. Modoc Lumber Company

RESIDENCE—STATE
14a. Oregon

COUNTY
14b. Klamath

CITY, TOWN, OR LOCATION
14c. Klamath Falls

Inside City Limits (specify yes or no)
14d. No

STREET AND NUMBER OR R.F.D.
14e. 5859 Estate Drive

FATHER—NAME first middle last
15. Clifford Ray Rawlins

MOTHER—Maiden Name first middle last
16. Ollie Jane Kelley

INFORMANT—NAME and relationship to deceased
17. Hobert R. Rawlins (Son)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. immediate cause
(a) Myocardial Infarction — approximate interval between onset and death: Few minutes
due to, or as a consequence of
(b) Arteriosclerotic Heart Disease — 8 yrs
due to, or as a consequence of
(c)

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

410.9

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
Previous myocardial infarction 4-10-62

AUTOPSY (yes or no)
19a. No

IF YES were findings considered in determining cause of death
19b.

ACCIDENT (specify yes or no) 20a.
DATE OF INJURY (month, day, year) 20b.
HOUR 20c.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
INJURY AT WORK (specify yes or no) 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.
LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from
21. Sept 23 1959 to 5 21 70
And Last Saw Him/Her Alive on: 5 21 70
I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour)
10:15 Am.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE
22a. Mark S. Kochevar M.D.

NAME (type or print)
22b. Mark S. Kochevar, M.D.

degree or title

DATE SIGNED (month, day, year)
22c. 6-26-70

MAILING ADDRESS—PHYSICIAN street city or town state zip
23. 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL (specify)
24a. Burial

CEMETERY OR CREMATORY—NAME
24b. Klamath Memorial Park

LOCATION city or town state
24c. Klamath Falls, Oregon

DATE (mo., day, year)
24d. July 1, 1970

FUNERAL DIRECTOR—SIGNATURE
25a. [signature]

FUNERAL HOME—NAME AND ADDRESS
Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE
26a. Marian Eckerman

DATE RECEIVED BY LOCAL REGISTRAR
26b. JUN 2 9 1970

DATE RECEIVED BY STATE REGISTRAR
27. JUL 1 3 1970

REMOVED FOR REGISTRAR'S USE
28.

VS 2 8 60

DATE ISSUED Apr. 25 1972

STATE OF OREGON, COUNTY OF MULTNOMAH)SS

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

[signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Co.

this 28 day of April A. D., 1972 at 10:45 o'clock A M., and duly recorded in

Vol. M-72, of Deeds on Page 4524

Fee 2.00

WM. D. MILNE, County Clerk

By [signature]