

NOV 26 1 52 PM 1973

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CERTIFICATE OF DEATH

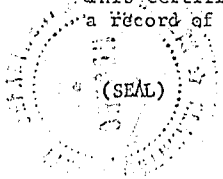
STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section

State File Number

DECEASED		BIRTH		DEATH	
1. NAME (Last, first, middle)		2. SEX		3. DATE OF BIRTH (month, day, year)	
John F.		Male		November 17, 1973	
4. PLACE OF BIRTH (city, town, county, state)		5. CITY, TOWN OR LOCATION OF BIRTH		6. DATE OF DEATH (month, day, year)	
Klamath Falls, Oregon		Klamath Falls, Oregon		November 25, 1973	
7. COUNTY OF BIRTH		8. CITY, TOWN OR LOCATION OF BIRTH		9. HOSPITAL OR OTHER INSTITUTION - NAME	
Klamath		Klamath Falls		Klamath Falls Hospital	
10. U.S. A.		11. U.S. A.		12. INTERVIEWED	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (give kind of work done during past year, or if retired, give last occupation)		15. KIND OF BUSINESS OR INDUSTRY	
475-03-4685		Logger		Timber	
16. RESIDENCE - STATE		17. CITY, TOWN OR LOCATION		18. STREET AND NUMBER OR R.F.D.	
Oregon		Klamath Falls		3420 Altamont Dr.	
19. FATHER'S NAME (last, first, middle)		20. MOTHER'S NAME (last, first, middle)		21. INFORMANT - NAME and relationship to deceased	
Frank Dolenshek		No Record		Hazel Dolenshek, wife	
22. PART I DEATH WAS CAUSED BY		23. (ENTER ONLY ONE CAUSE FOR LINE 19, 19b, and 19c)		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Hypertensive disease		Arteriosclerosis		3 years	
25. CAUSE		26. CONDITIONS, if any, which gave rise to death (do not include the cause of death)		27. DATE RECEIVED BY STATE REGISTRAR	
Arteriosclerosis		Arteriosclerosis		November 19, 1973	
28. PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a)		29. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)		30. DATE SIGNED (month, day, year)	
None		None		November 19, 1973	
31. ACCIDENT		32. DATE OF INJURY (month, day, year)		33. HOUR	
None		November 17, 1973		10:35 A.M.	
34. INJURY AT WORK		35. PLACE OF INJURY (home, farm, street, factory, etc.)		36. LOCATION (street or R.F.D. No., city or town, county, state)	
None		None		None	
37. CERTIFICATION		38. MONTH		39. DAY	
None		November		17	
40. PHYSICIAN		41. NAME (last, first, middle)		42. DEGREE or title	
None		Everett E. Howard		M.D.	
43. SIGNATURE		44. NAME (last, first, middle)		45. DATE SIGNED (month, day, year)	
None		Everett E. Howard		November 19, 1973	
46. MAILING ADDRESS - PHYSICIAN		47. STREET		48. CITY or town	
None		2622 Campus Dr.		Klamath Falls, Oregon	
49. STATE		50. ZIP		51. DATE RECEIVED BY LOCAL REGISTRAR	
Oregon		97601		November 19, 1973	
52. SIGNATURE		53. NAME (last, first, middle)		54. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
55. SIGNATURE		56. NAME (last, first, middle)		57. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
58. SIGNATURE		59. NAME (last, first, middle)		60. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
61. SIGNATURE		62. NAME (last, first, middle)		63. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
64. SIGNATURE		65. NAME (last, first, middle)		66. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
67. SIGNATURE		68. NAME (last, first, middle)		69. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
70. SIGNATURE		71. NAME (last, first, middle)		72. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
73. SIGNATURE		74. NAME (last, first, middle)		75. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
76. SIGNATURE		77. NAME (last, first, middle)		78. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
79. SIGNATURE		80. NAME (last, first, middle)		81. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
82. SIGNATURE		83. NAME (last, first, middle)		84. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
85. SIGNATURE		86. NAME (last, first, middle)		87. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
88. SIGNATURE		89. NAME (last, first, middle)		90. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
91. SIGNATURE		92. NAME (last, first, middle)		93. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
94. SIGNATURE		95. NAME (last, first, middle)		96. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
97. SIGNATURE		98. NAME (last, first, middle)		99. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	
100. SIGNATURE		101. NAME (last, first, middle)		102. DATE RECEIVED BY STATE REGISTRAR	
None		None		November 19, 1973	

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.



VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marian Pichman, Deputy Registrar
Date Nov 20 1973

VOID IF ALTERED

11 23 73

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of HAZEL E. DOLENSHEK
this 23rd day of November A.D., 1973, at 1:52 o'clock P.M., and duly recorded in
Vol. M.73 of Deeds on Page 15345
Fee \$ 2.00
By WM. D. MILNE County Clerk
Carol Miller