

241  
A-56302  
Local File Number

77.6  
Vol. 1115 Page 14191  
State File Number

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section  
CERTIFICATE OF DEATH

1. DECEASED—NAME First Middle Last Francis M HORN		2. DATE OF DEATH (month, day, year) August 8, 1975	
3. RACE (White, Negro, American Indian, etc. (specify)) White	4. SEX Male	5a. AGE—Last birthday (years) 65	5b. Under 1 year mos. days hours min. Under 1 day hours min.
6. COUNTY OF DEATH Deschutes	7a. CITY, TOWN, OR LOCATION OF DEATH Bend	7b. Inside City Limits (specify yes or no) no	8. DATE OF BIRTH (month, day, year) February 5, 1910
9. STATE OF BIRTH (if not in U.S.A., name country) Oregon	10. CITIZEN OF WHAT COUNTRY U. S. A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12. NAME OF SPOUSE Harriet
13. SOCIAL SECURITY NUMBER 542 12 2971	14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Owner Manager	15. KIND OF BUSINESS OR INDUSTRY Sand & Gravel	16. STREET AND NUMBER OR R.F.D. 657670 Tweed Road
17. RESIDENCE—STATE Oregon	18. COUNTY Deschutes	19. CITY, TOWN, OR LOCATION Bend	20. Inside City Limits (specify yes or no) no
21. FATHER—NAME first middle last Malcolm A. Horn	22. MOTHER—Maiden Name first middle last Chloa Smith	23. INFORMANT—NAME and relationship to deceased Harriet Horn Widow	24. approximate interval between onset and death Months
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. Immediate cause (a) Carcinoma of Head of Pancreas with Metastases due to, or as a consequence of: (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) AUTOPSY (yes or no) IF YES were findings considered in determining cause of death 19a. YES 19b. YES			
20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR M. 20d.	20e. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
21a. INJURY AT WORK (specify yes or no)	21b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	21c. LOCATION (street or R.F.D. No., city or town, county, state)	21d. month day year
21e. CERTIFICATION—PHYSICIAN: I attended the deceased from:		21f. I Did/Did Not view the body after death (specify) Did	21g. DEATH OCCURRED (hour) 8:55 P. M.
22a. PHYSICIAN—SIGNATURE James P. Howbert M.D.		22b. NAME (type or print) James P. Howbert, M. D.	22c. DATE SIGNED (month, day, year) August 9, 1975
23. MAILING ADDRESS—PHYSICIAN 700 N. W. Lava Road Bend Oregon 97701		24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	24b. CEMETERY OR CREMATORY—NAME Walker Cemetery
25a. FUNERAL DIRECTOR—SIGNATURE Carol Harrison		25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701	25c. DATE RECEIVED BY LOCAL REGISTRAR August 11, 1975
26a. REGISTRAR—SIGNATURE Carol Harrison, deputy		26b. DATE RECEIVED BY STATE REGISTRAR	27.
28. RESERVED FOR REGISTRAR'S USE			

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STATE OF OREGON  
COUNTY OF Deschutes

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

SEAL

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
Filed for record at request of Klamath County Title

this 12 day of Nov A. D., 1975. at 3:12 o'clock P. M., and duly recorded in  
Vol. M. 75, of deeds on Page 14191.

3.00

Rel. Klamath Title

WM. D. MILNE County Clerk

Deputy

August 13 1975  
Date