9761

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

Vol. M 76 Page 1498

Local File Number 36

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED NAME – First: Frank	Middle: Osborn	Last: Pool	2. DATE OF DEATH (month, day, year): January 28, 1976
3. RACE (White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE (Last Birthday) (years): 79	5b. If under 1 year (months)	5c. If under 1 day (hours) (min.)	6. DATE OF BIRTH (month, day, year): February 17, 1896
7. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A. name country): Oregon	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 543-07-3171 A	13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Shovel Operator	13b. KIND OF BUSINESS OR INDUSTRY: Klamath Co. Road Dept.
14a. RESIDENCE – STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14. STREET AND NUMBER OR R.F.D.: 5142 Harlan Dr.
15. FATHER – NAME first middle last: Emanuel Jacob Pool	16. MOTHER – Maiden Name first middle last: Sarah J. Faith	17. INFORMANT – NAME and relationship to deceased: Jane Myers, Daughter

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — approximate interval between onset and death

18. Immediate cause (a): Acute myocardial infarction due to, or as a consequence of: — 4 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to, or as a consequence of:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a). Pneumonia and C.O.P.D.

19a. AUTOPSY (yes or no): No

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

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))	20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION – PHYSICIAN: I attended the deceased from: month day, 1970 to month day year Jan. 28, 1976. And Last Saw Him/Her Alive on: month day year Jan 25 '76. I Did/Did Not view the Body after death (specify): did. DEATH OCCURRED (hour): 8:20 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN – SIGNATURE: Craig A Bennett M.D.

22b. NAME (type or print) degree or Title: Craig A. Bennett M.D.

22c. DATE SIGNED (month, day, year): 28 Jan 76

23. MAILING ADDRESS – PHYSICIAN: street 1905 Main St., city or town Klamath Falls, state Oregon, zip 97601

BURIAL

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

24b. CEMETERY OR CREMATORY – NAME: Klamath Memorial Park

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

24d. DATE (mo., day, year): 1-30-76

25. FUNERAL DIRECTOR – SIGNATURE: Mike Chin

25a. FUNERAL HOME – NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26. REGISTRAR – SIGNATURE: Maxine Schuman

26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 28 1976

27. DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Jane Myers
Rt 1 - 5126 Harlan Dr.
Gity

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 Maxine Schuman, Deputy Registrar
Date JAN 29 1976 19

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3 day of Feb A.D., 19 76 at 8:30 o'clock P M., and duly recorded in Vol M 76, of Deeds on Page 1498.

WM. D. MILNE, County Clerk

By Evelyn Deputy

FEE 3.00