

13755

STATE OF OREGON - STATE HEALTH DIVISION

Vital Statistics Section

76 MAY 13 AM 9 52

Local File Number

Certificate of Death

State File Number

1. DECEASED - NAME First Middle Last Frances M. Wallinder

2. DATE OF DEATH (month, day, year) 2 May 7, 1976

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

4. SEX 4. Female

5. AGE - last birthday (years) 60

6. DATE OF BIRTH (month, day, year) 6 August 26, 1915

7. COUNTY OF DEATH 7b. Klamath Falls

8. CITY, TOWN, OR LOCATION OF DEATH 8a. Klamath Falls

9. STATE OF BIRTH 9a. U.S.A.

10. CITIZEN OF WHAT COUNTRY 10a. Married

11. HOSPITAL OR OTHER INSTITUTION - NAME 11a. James H. Wallinder

12. SOCIAL SECURITY NUMBER 12a. 539-18-2113

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. School Teacher

14. KIND OF BUSINESS OR INDUSTRY 14a. Education

15. FATHER - NAME first middle last 15a. James O. Patterson

16. MOTHER - Maiden Name first middle last 16a. Mildred Minor

17. INFORMANT - Name and relationship to deceased 17a. James H. Wallinder, Husband

18. DEATH WAS CAUSED BY: 18a. Immediate Cause 18b. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

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

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

21. DATE OF INJURY (month, day, year) 21a. 20b. HOUR 21c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)

22. INJURY AT WORK PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (Specify) 22a. LOCATION (street or R.F.D. No., city or town, county, state)

23. CERTIFICATION - MEDICAL INVESTIGATOR 23a. CERTIFY that: made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

24. DEATH OCCURRED THE DECEASED WAS PRONOUNCED DEAD 24a. FROM: 24b. Natural Cause ☒ 24c. Accident ☐ 24d. Suicide ☐ 24e. Pending ☐ 24f. Undetermined ☐ 24g. Degree or Title

25. CERTIFIER - SIGNATURE 25a. NAME - (Type or print) 25b. Veldon C. Boge

26. MEDICAL INVESTIGATOR: 26a. NAME - (Type or print) 26b. Veldon C. Boge

27. BIRTHAL, CREMATION, REMOVAL, CEMETERY OR CREMATORY - NAME 27a. Klamath Memorial Park

28. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip) 28a. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

29. REGISTAR - SIGNATURE 29a. DATE RECEIVED BY LOCAL REGISTRAR 29b. DATE RECEIVED BY STATE REGISTRAR

30. RESERVED FOR REGISTRAR USE 30a. 30b. 30c. 30d. 30e. 30f. 30g. 30h. 30i. 30j. 30k. 30l. 30m. 30n. 30o. 30p. 30q. 30r. 30s. 30t. 30u. 30v. 30w. 30x. 30y. 30z.

31. ORIGINAL - VITAL STATISTICS COPY

32. STATE OF OREGON

33. County of Klamath

34. 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.

35. VELDON C. BOGE, M.D., Registrar Vital Statistics

36. By *Marion Chapman*, Deputy Registrar

37. Date MAY 12 1976 19

38. VOID IF ALTERED

39. STATE OF OREGON; COUNTY OF KLAMATH; ss.

40. I hereby certify that the within instrument was received and filed for record on the 13th day of May A.D., 19 76 at 9:52 o'clock A M., and duly recorded in Vol M 76

41. of DEEDS on Page 7113

42. FEE \$ 3.00

WM. D. MILNE, County Clerk

By *Kazul Drazil* Deputy