15072

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 132

State File Number 76 JUN 17 AM 10 16

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DECEASED

1. NAME—First: Frank; Middle: H.; Last: Taylor
2. DATE OF DEATH (month, day, year): April 1, 1976
3. PLACE (Hosp., Nursing Home, Residence, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 71
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): September 18, 1904
7a. 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 number and name): Pres. Intercomm. Hospt.
8a. STATE OF BIRTH (If not U.S.A. name country): Oklahoma
8b. CITIZEN OF WHAT COUNTRY: U.S.A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher
11. KIND OF BUSINESS OR INDUSTRY: Cattle
12. SOCIAL SECURITY NUMBER: 573-82-9006
13a. RESIDENCE—STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. Inside City Limits (specify yes or no): No
13e. STREET AND NUMBER OR R.F.D.: Star Rt. 2
14a. FATHER—NAME first middle last: George Taylor
14b. MOTHER—Maiden Name first middle last: -
14c. INFORMANT—NAME and relationship to deceased: George Taylor, son
15. Usual residence (Street and number or R.F.D. number, city or town, state, zip) where deceased lived before admission to this institution. If resident, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
16. Conditions, if any, which gave rise to the immediate cause (a), stating the underlying cause last
(a) immediate cause: Cerebral Thrombosis
due to, or as a consequence of:
(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)
17. Diabetes Mellitus

ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. No					19b.

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

CERTIFICATION—PHYSICIAN: I attended the deceased from: month 3 day 22 year 76 to month April day 1, year 1976. And Last Saw Him/Her Alive on: month 4 day 1 year 76. I did/did not view the body after death (specify): -. DEATH OCCURRED (hour): 5:45 P. M.

CERTIFIER

21. PHYSICIAN—SIGNATURE: Everett E. Howard
22a. NAME (type or print): Everett E. Howard
22b. degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 4-5-76
22. MAILING ADDRESS—PHYSICIAN: street: 2622 Campus Dr., city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
23a. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Garb
23b. LOCATION city or town: Klamath Falls, state: Oregon
24a. FUNERAL DIRECTOR—SIGNATURE: [signature]
24b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
24c. DATE (mo., day, year): 4-5-76
25a. REGISTRAR—SIGNATURE: [signature]
25b. DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1976
26a. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY STATE REGISTRAR: APR 7 1976
27. [signature]
28.

VS-2 R-69

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 [signature], Deputy Registrar

Date APR 7 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 17th day of JUNE A.D., 19 76 at 10:16 o'clock A.M., and duly recorded in Vol M 76, of DEEDS on Page 8952.

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy