13771

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

Vol. M76 Page 15533

333
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: FRANK Middle: WILLIAM Last: PLEAS
2. DATE OF DEATH (month, day, year): September 28, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 88
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): July 2, 1888
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 and number): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 540 - 12 - 7189
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumberjack - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Timber

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 819 N. 2nd St.
15. FATHER—NAME first middle last: William Oscar Pleas
16. MOTHER—Maiden Name first middle last: Catherine McGuire
17. INFORMANT—NAME and relationship to deceased: Robert Houston - Step-Son

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) Cerebrovascular Accident
due to, or as a consequence of:
(b) ASCVD
due to, or as a consequence of:
(c)

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

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

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
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: Feb 1976 to death
And Last Saw Him/Her Alive on: Sept 20, 76
I Did/Did Not view the body after death (specify): Not
DEATH OCCURRED (hour): 10:15 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: F.V. Rudd
22b. NAME (type or print): Francis V. Rudd — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 10-1-76
23. MAILING ADDRESS—PHYSICIAN: 2624 Campus Dr. - Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): ~~Cremation~~ Burial
24b. CEMETERY OR CREMATORY—NAME: ~~Eternal Hills~~ Klamath Mem. Park
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): Oct. 1, '76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS: WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 1 1976
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

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

(SEAL)

By [signature] Deputy Registrar
Date OCT 1 1976 19

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 1 day of Oct A.D., 19 76 at 4:09 o'clock P M., and duly recorded in Vol M 76, of deeds on Page 15533.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE 3.00