

22914

CERTIFICATE OF DEATH

State File Number

334
Local File Number

DECEASED—NAME
First Middle Last
ROGER FRANKLIN GROW

DATE OF DEATH (month, day, year)
November 20, 1976

RACE (White, Negro, American Indian, etc. (specify))
White

SEX
Male

AGE—last birthday (years)
27

Under 1 Year Under 1 Day
mos. days hours min.

DATE OF BIRTH (month, day, year)
October 7, 1949

CITY, TOWN, OR LOCATION OF DEATH
Bend

INSIDE CITY LIMITS (specify yes or no)
No

HOSPITAL OR OTHER INSTITUTION—NAME
Charles Medical Center

CITIZEN OF WHAT COUNTRY
USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married

NAME OF SPOUSE
Gloria Grow

STATE OF BIRTH (if not in U.S.A. name of country)
Oregon

SOCIAL SECURITY NUMBER
541-58-6697

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Mill Worker

KIND OF BUSINESS OR INDUSTRY
Gilchrist Timber Co.

RESIDENCE—STATE
Oregon

COUNTY
Klamath

CITY, TOWN, OR LOCATION
Gilchrist

INSIDE CITY LIMITS (specify yes or no)
No

STREET AND NUMBER OR RFD
Box 712 Hwy. 97 S.

FATHER—NAME First middle last
Charles F. Grow

MOTHER—Maiden Name first middle last
Myra Goodding

INFORMANT—NAME and relationship to deceased
Gloria Grow, Wife

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

18. Immediate Cause
(a) MASSIVE TRAUMATIC Chest and Head Injury -0-

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

(b) due to, or as a consequence of:

(c) due to, or as a consequence of:

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

19a. NO

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

DATE OF INJURY (month, day, year) HOUR
NOV 20 1976 10:00 A.M.

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
Automobile accident

INJURY AT WORK (specify yes or no)
NO

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
LAPINE HILLS

LOCATION (street or R.F.D. No., city or town, county, state)
Huntington Rd.

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (month, day, year) hour
10:00 A.M. Nov 20 1976 11:00 A.M.

THE DECEDENT WAS PRONOUNCED DEAD

FROM: Natural Causes ☐ Accident ☒ Suicide ☐
Homicide ☐ Undetermined ☐ Pending ☐
Degree or Title

CERTIFIER—SIGNATURE
William R. Lee, M.D.

DATE SIGNED (month, day, year)
November 20, 1976

MEDICAL INVESTIGATOR:
FOR: Deschutes COUNTY Deschutes

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Burial

CEMETERY OR CREMATORY—NAME
Sunset Hills

LOCATION city or town state
Portland, Oregon

DATE (month, day, year)
11-24-76

FUNERAL DIRECTOR—SIGNATURE
Mike Blair

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
O'Hair's Memorial Chapel-515 Pine St.-Klamath Falls, Ore.

REGISTRAR—SIGNATURE
Joan K. Hann

DATE RECEIVED BY LOCAL REGISTRAR
November 23, 1976

DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE

VS-107 R-70 ORIGINAL—VITAL STATISTICS COPY

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.

I hereby certify that the within instrument was received and filed for record on the 15th day of DECEMBER A.D., 19 76 at 10:58 o'clock A M., and duly recorded in Vol. 76 of DEEDS on Page 20336.

FEE \$ 3.00

WM. B. MILNE, County Clerk

By Joan K. Hann Deputy

November 23 1976
Date

76 DEC 15 AM 10 58