

38-11824-5

23997

STATE OF OREGON - HEALTH DIVISION
Vital Statistics SectionVol. 77 Page 482

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME First Middle Last FRANK JUMUS DETZ		DATE OF DEATH (month, day, year) June 18, 1976	
1. RACE White, Negro, American Indian, etc. (specify) White		2. DATE OF BIRTH (month, day, year) March 6, 1930	
3. SEX Male		4. AGE - Last birthday (years) 46	
5. COUNTY OF DEATH Harney		6. CITY, TOWN, OR LOCATION OF DEATH Burns	
7. STATE OF BIRTH (If not in U.S.A., name country) Oregon		8. CITIZEN OF WHAT COUNTRY USA	
9. SOCIAL SECURITY NUMBER 544-26-9450		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11. RESIDENCE-STATE Oregon		12. COUNTY Harney	
13. CITY, TOWN, OR LOCATION Fields		14. STREET AND NUMBER OR R.F.D. No numbers	
15. FATHER-NAME Stanley - Detz		16. MOTHER-Name Anna Stachniewicz	
17. INFORMANT-NAME and relationship to deceased Josephine Detz			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. Immediate Cause (a) Cardiac Arrest		approximate interval between onset and death Seconds	
(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)			
ACCIDENT (specify yes or no) 20a. No		DATE OF INJURY (month, day, year) 20b. June 18, 1976	
HOUR 20c. M.		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. No	
INJURY AT WORK (specify yes or no) 20e. No		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. No	
LOCATION (street or R.F.D. No., city or town, county, state) 20g. No			
CERTIFICATION-Physician I attended the deceased from: June 16, 1976		And Last Saw Him/Her Alive on: June 18, 1976	
Did/Did Not view the body after death (specify) did		DEATH OCCURRED (hour) 10:20 A. M.	
PHYSICIAN-SIGNATURE Bert Campbell		NAME (type or print) Bert Campbell, M.D.	
MAILING ADDRESS-PHYSICIAN 229 N. Egan, Burns, Oregon 97720		DATE SIGNED (month, day, year) June 23, 1976	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Eternal Hills	
LOCATION city or town state 24c. Klamath Falls, Oregon		DATE (mo., day, year) 24d. June 23, 1976	
FUNERAL DIRECTOR-SIGNATURE Robert W. Salladay		FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) 25b. Salladay Funeral Home, 332 West Monroe, Burns, Or 97720	
REGISTRAR-SIGNATURE John H. Weare		DATE RECEIVED BY LOCAL REGISTRAR June 23, 1976	
DATE RECEIVED BY STATE REGISTRAR June 23, 1976		27.	

VS-2 R-69

STATE OF OREGON

COUNTY OF HarneyDate: June 29, 1976

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Harney County Health Dept.

Return: Janet Detz
Fields Gen Store
Fields, Or 97710

John H. Weare, M. D., Registrar
Registrar of Vital Statistics

By Sarah Turner, Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of January A.D., 19 77 at 10:33 o'clock A M., and duly recorded in Vol. M 77 of DEEDS on Page 482.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Drangel Deputy