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MTC 4784 DEC 13 11 29

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## CERTIFICATE OF DEATH

DECEASED		Local File Number 166		State File Number	
1. DECEASED-NAME First Middle Last Lewis J. "Red" Frankenberg		2. DATE OF DEATH (month, day, year) June 3, 1974		3. DATE OF BIRTH (month, day, year) June 30, 1927	
4. RACE White		5. SEX Male		6. AGE (years) 46	
7. COUNTY OF DEATH Klamath		8. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9. INSIDE CITY LIMITS (yes or no) Yes	
10. STATE OF BIRTH (if not in U.S., give country) Kansas		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
13. SOCIAL SECURITY NUMBER 515-14-3850		14. USUAL OCCUPATION (give kind of work done during last year) Retail Store Owner		15. NAME OF SPOUSE Patricia I. Frankenberg	
16. RESIDENCE-STATE Oregon		17. CITY, TOWN, OR LOCATION Klamath Falls		18. INSIDE CITY LIMITS (yes or no) Yes	
19. STREET AND NUMBER OR R.F.D. 4268 Gary St.		20. AUTO PARTS		21. PATRICIA I. Frankenberg	
22. FATHER-NAME Benjamin Lewis Frankenberg		23. MOTHER-NAME Ethyl Foster		24. INFORMANT-NAME AND RELATIONSHIP TO DECEASED Patricia I. Frankenberg, wife	
25. PART I DEATH WAS CAUSED BY Immediate cause Sepsis		26. (a) due to, or as a consequence of (b) which gave rise to immediate cause (c) stating the underlying cause last		27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
28. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)		29. (a) due to, or as a consequence of (b) which gave rise to immediate cause (c) stating the underlying cause last		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days	
31. ACCIDENT (specify yes or no)		32. DATE OF INJURY (month, day, year)		33. HOUR	
34. INJURY AT WORK (specify yes or no)		35. PLACE OF INJURY (home, farm, street, factory, etc. specify)		36. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	
37. CERTIFICATION- month day year 5/13/74		38. month day year 6-3-74		39. And last seen living at 10:00 A.M. after death (specify) 6/2/74	
40. PHYSICIAN-SIGNATURE Fred B. Oldham		41. NAME (type or print) Fred B. Oldham		42. DEGREE OR TITLE M.D.	
43. MAILING ADDRESS-Physician 2624 Campus Dr., Klamath Falls, Oregon 97601		44. CITY OR TOWN Klamath Falls, Oregon		45. ZIP 97601	
46. FUNERAL HOME-SIGNATURE O'Hair's Funeral Chapel		47. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) 515 Pine, Klamath Falls, Ore. 97601		48. DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1974	
49. REGISTRAR-SIGNATURE Veldon C. Boge		50. DATE RECEIVED BY STATE REGISTRAR		51. DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1974	
52. RESERVED FOR REGISTRAR USE		53. RESERVED FOR REGISTRAR USE		54. RESERVED FOR REGISTRAR USE	

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 Marion J. Schuman Deputy Registrar  
Date JUN 4 1974

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 19th day of December A.D., 19 77 at 11:29 o'clock A M., and duly recorded in Vol. M77 of Deeds on Page 24406.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha J. Helisch Deputy