

826

Local File Number

CERTIFICATE OF DEATH Vol. MB Page 10706

State File Number

7

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
FRANCES		MARIE	KROGH	July 1, 1978		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
White		Female	51	MOS. DAYS HOURS MIN.	April 3, 1927	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)		
Klamath		Klamath Falls		Presbyterian Intercommunity DOA		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		
Washington		USA		Married		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		SPOUSE (IF MARRIED, WIDOWED)		
536 - 20 - 8895		Housewife		Kenneth R. Krogh		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		
Oregon		Klamath	Klamath Falls	3712 Laverne Ave.		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED		
Otto - Anderson		Nellie - Burge		Kenneth R. Krogh (Husband)		
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon 97601		
FUNERAL SERVICE LITURGY, OR PERSON ACTING AS SUCH—NAME AND ADDRESS OF FACILITY		WARD'S Klamath Funeral Home Inc., Klamath Falls, Oregon 97601				
CERTIFICATION—MEDICAL EXAMINER						
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (HOUR)		THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR)		FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐		
2:45 A. M.		July 1, 1978 2:45 a. M.		HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐		
MEDICAL EXAMINER SIGNATURE		NAME—(TYPE OR PRINT)		DEGREE OR TITLE		
James H. Jackson MD		George R. Nicholson, M.D.				
MEDICAL EXAMINER FOR: Klamath		COUNTY		DATE SIGNED (MONTH, DAY, YEAR)		
				7/11/78		
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)		REGISTRAR				
July 12, 1978		Marian P. Sherman				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))						
PART I (A) Atherosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH		
(B)				HOURS		
(C)				INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				AUTOPSY (SPECIFY YES OR NO)		
Hypertension, moderate				No		
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
INJ. 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)		
25D RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-74

Ref: Parks & Ratliff
228 N. 7th
K.F.O. 97601

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 Services.

MARJORIE S. COMER, Registrar Vital Statistics

By: Marian P. Sherman, Deputy Registrar
Date: JUL 12 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

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 June A.D., 1981 at 4:04 o'clock P.M., and duly recorded in

Vol MB10f Deeds on page 10706.

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK

By: Deborah Gandy, deputy