1129

Oregon
ON STATE HEALTH DIVISION
partment of Human Resources

CERTIFICATE OF DEATH

Vol. M81 Page 12133

Vital Records Unit

264
Local File Number

State File Number

DECEDENT—NAME: First FRANK; Middle BETHEL; Last EDMONDS
1

DATE OF DEATH (month, day, year): June 25, 1981
2

RACE (White, Black, American Indian, etc. (specify)): White
3

SEX: Male
4

AGE—Last birthday (years): 61
5a

Under 1 year: mos 5b; days
Under 1 day: hours 5c; min

DATE OF BIRTH (month, day, year): January 9, 1920
6

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7a

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7b

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient
7c

COUNTY OF DEATH: Klamath
7d

STATE OF BIRTH (If not in U.S.A., name country): Tennessee
8

CITIZEN OF WHAT COUNTRY: U.S.A.
9

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10

SPOUSE (IF MARRIED, WIDOWED): Eleanor
11

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
12

SOCIAL SECURITY NUMBER: 414 - 16 - 8967
13

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Dishwasher - Retired
14a

KIND OF BUSINESS OR INDUSTRY: Restaurant
14b

RESIDENCE—STATE: Oregon
15a

COUNTY: Klamath
15b

CITY, TOWN, OR LOCATION: Bonanza
15c

STREET AND NUMBER OR R.F.D., ZIP: Route 1 - Box 410 97623
15d

Inside City Limits (specify yes or no): No
15e

FATHER—NAME first middle last: N/R Edmonds
16

MOTHER—Maiden Name first middle last: N/R
17

INFORMANT—NAME and relationship to deceased: Eleanor Edmonds - Wife
18

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19a

CEMETERY OR CREMATORY—NAME: White City National Cemetery
19b

LOCATION city or town state: Eagle Point, Oregon
19c

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]
20a

NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601
20b

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

DATE SIGNED [Mo., Day, Yr.]: 6/26/81
21b

HOUR OF DEATH: 1:25 PM
21c

21a [Signature]: [signature]

NAME AND ADDRESS OF CERTIFIER [Type or Print]: David C. Seeley, MD, 1905 Main, Suite 611 / Klamath Falls, Ore. 97601
21d

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 1 1981
22a

REGISTRAR [Signature]: [signature]
22b

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Acute pulmonary embolus — Interval between onset and death: immed.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Chronic lower extremity venous insuff 2° trauma — Interval between onset and death: many yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(c) (service injury).

Interval between onset and death

PART II—OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

Coronary Heart Disease c 2nd MI

AUTOPSY [Specify Yes or No]: No
24

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No
25

ACCIDENT [Specify Yes or No]: No
26a

DATE OF INJURY [Mo., Day, Yr.]
26b

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK [Specify Yes or No]
26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]
26f

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE
26g

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date JUL 1 1981

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 7th day of July A.D., 1981 at 9:30 o'clock A M., and duly recorded in Vol M81 of Deeds on page 12133.

EVELYN BIEHN
COUNTY Clerk

By Bernetha Aletoch Deputy

Fee $3.50