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6586

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

# CERTIFICATE OF DEATH

ORS 146

388 — Local File Number

State File Number

| | |
|---|---|
| DECEASED—NAME (FIRST / MIDDLE / LAST) | JOHN / FRANKLIN / ROSE |
| DATE OF DEATH (MONTH, DAY, YEAR) | October 5, 1981 |
| RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) | White |
| SEX | Male |
| AGE—LAST BIRTHDAY (YEARS) | 64 |
| UNDER 1 YEAR: MOS. / DAYS | |
| UNDER 1 DAY: HOURS / MIN. | |
| DATE OF BIRTH (MONTH, DAY, YEAR) | June 11, 1917 |
| CITY, TOWN, OR LOCATION OF DEATH | Klamath Falls |
| HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) | West Medical Center |
| IF HOSP. OR INST. INDICATE DOA, OPD, INPATIENT (SPECIFY) | Emer. Rm. |
| COUNTY OF DEATH | Klamath |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | Illinois |
| CITIZEN OF WHAT COUNTRY | U.S.A. |
| MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | Married |
| SPOUSE (IF MARRIED, WIDOWED) | Anne Rose |
| WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) | Yes |
| SOCIAL SECURITY NUMBER | 709 - 05 - 5194 |
| USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | Major - Retired |
| KIND OF BUSINESS OR INDUSTRY | United States Army |
| RESIDENCE—STATE | Oregon |
| COUNTY | Klamath |
| CITY, TOWN, OR LOCATION | Klamath Falls |
| STREET AND NUMBER OR R.F.D. | 1826 Homedale Road |
| INSIDE CITY LIMITS (SPECIFY YES OR NO) | No |
| FATHER—NAME (FIRST / MIDDLE / LAST) | Faye Rose |
| MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST) | Estelle Lykins |
| INFORMANT—NAME AND RELATIONSHIP TO DECEASED | Anne Rose - Wife |
| BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) | Cremation |
| CEMETERY OR CREMATORY—NAME | Eternal Hills Memorial Gardens |
| LOCATION—CITY OR TOWN, STATE | Klamath Falls, Oregon |
| FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE | James R. Ward |
| NAME AND ADDRESS OF FACILITY | WARD'S - 1945 Main - 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) | 1:57 P.M. |
| THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) | Oct. 5, 1981 / 1:57 P.M. |
| FROM: NATURAL CAUSES | X |
| ACCIDENT | |
| SUICIDE | |
| HOMICIDE | |
| UNDETERMINED | |
| PENDING | |
| CERTIFIER — SIGNATURE | Michael R. Cummings MD |
| NAME—(TYPE OR PRINT) DEGREE OR TITLE | Michael Cummings, MD |
| MEDICAL EXAMINER FOR: COUNTY | KLAMATH |
| DATE SIGNED (MONTH, DAY, YEAR) | OCT 8 1981 10/8/81 |
| DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) | OCT 8 1981 |
| REGISTRAR (SIGNATURE) | Claudia Francis |

**PART I** — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

(A) Apparent ATherosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(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): No

| | |
|---|---|
| DATE OF INJURY (MONTH, DAY, YEAR) | Oct. 5, 1981 |
| HOUR | 11:00 AM |
| HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) | Collapsed at home |
| INJ. AT WORK (SPECIFY YES OR NO) | No |
| PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | At Home |
| LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) | 1826 Homedale/Klamath Falls/Klamath/Oregon |

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

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STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED NOVEMBER 12 1981

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 17 day of November A.D., 1981 at 1:28 o'clock P M., and duly recorded in Vol M 81 Deeds on page 20059.

EVELYN BIEHN
COUNTY CLERK

By Joyce McGuire deputy

Fee $ 4.00