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Vital Records Unit

8-020466

192-PC80-26301

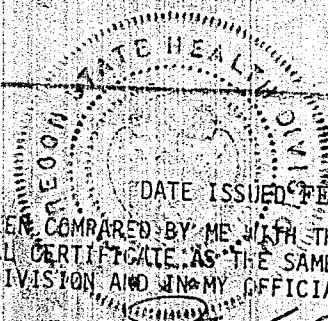
DECLAED NAME		First		Middle		Last		State File Number	
1 John		S		Frost				DATE OF DEATH (month, day, year)	
2 White		Male		65				3 December 16, 1981	
3 CITY, TOWN OR LOCATION OF DEATH		Klamath Falls		14a Hospital or Other Institution - Name		Merle West Medical Center		4 DATE OF BIRTH (month, day, year)	
7a STATE OF BIRTH (if not in U.S. name country)		Massachusetts		CITIZEN OF WHAT COUNTRY		U.S.A.		5 April 29, 1916	
8 SOCIAL SECURITY NUMBER		018-09-8507		14b USUAL OCCUPATION (give kind of work done during most of working life, even if it tired)		Warehouseman		6 COUNTY OF DEATH	
9 RESIDENCE - STATE		Oregon		15a CITY, TOWN, OR LOCATION		Chiloquin		7d Klamath	
10 FATHER - NAME		Albert Davis Frost		15b P.O. Box 163		97624		8 KIND OF BUSINESS OR INDUSTRY	
11 MOTHER - Name		Nellie Florence Thurlow		16 INFORMANT - Name and relationship to deceased		Helen H. Frost, Wife		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
12 BURIAL, CREMATION, REMOVAL, MAUS. (specify)		Burial		17 CEMETERY OR CREMATORY - Name		Willamette National Cemetery		10 LOCATION city or town state	
13 FUNERAL SERVICE LICENSEE Or Person Acting As Such		NAME AND ADDRESS OF FACILITY		18a		Portland, Oregon		11	
14a To the best of my knowledge, death occurred at the time, date and place and		20a O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.		DATE SIGNED (Mo., Day, Yr.)		12/17/81		12 HOUR OF DEATH	
15a NAME AND ADDRESS OF CERTIFIER (Type or Print)		21a Norman F. Blinstrub M.D., 1000 Pine St., Klamath Falls, Oregon 97601		21b		4:55 A.		13	
16 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEC 16 1981		17 REGISTRAR		22a		14	
18 IMMEDIATE CAUSE		23a Cardiac & Respiratory Arrest		23b		Interval between onset and death		SECONDS.	
19a DUE TO, OR AS A CONSEQUENCE OF:		(b) Bleeding Left Neck & Oral Cavity		23c		Interval between onset and death		3 DAYS.	
19b DUE TO, OR AS A CONSEQUENCE OF:		(c) Metastatic Carcinoma Tongue		23d		Interval between onset and death		9 MONTHS.	
20 OTHER SIGNIFICANT CONDITIONS		24a ACCIDENT (Specify Yes or No)		24b DATE OF INJURY (Mo., Day, Yr.)		24c HOUR OF INJURY		24d DESCRIBE HOW INJURY OCCURRED	
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STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

HS-2 (Rev. 1/80)



DATE ISSUED FEBRUARY 23 1982

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 2 day of March A.D., 1982 at 1:57 o'clock P.M. and duly recorded in Vol. M 82, of Deeds on page 2630

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
 by Lynne M. Shure Deputy