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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M82 Page 12823

296 (Local File Number)

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First: Frances; Middle: Faye; Last: Jacob
2. DATE OF DEATH (month, day, year): August 21, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—last birthday (years): 51
5b. Under 1 Year: mos. / days
5c. Under 1 Day: hours / min.
6. DATE OF BIRTH (month, day, year): November 24, 1920
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercoma. Hospt.

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

8. STATE OF BIRTH (if not in U.S.A. name of country): Colorado
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Donald R. Jacob
12. SOCIAL SECURITY NUMBER: 540-12-7317
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Bartender
13b. KIND OF BUSINESS OR INDUSTRY: Tavern
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Bonanza
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: Box 3
15. FATHER—NAME first middle last: Fred Mueller
16. MOTHER—Maiden Name first middle last: Nellie Landrum
17. INFORMANT—NAME and relationship to deceased: Donald R. Jacob, Husband

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		approximate interval between onset and death
18. Immediate Cause (a)	Uremia	3 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b) due to, or as a consequence of:	Septic Shock	2 weeks
(c) due to, or as a consequence of:	Traumatic hip fracture (L) with pinning & sepsis	3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): Yes
19b. IF YES were findings considered in determining cause of death: Yes

20a. DATE OF INJURY (month, day, year): July 29, 1972
20b. HOUR: 8:30p M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Fall
20d. INJURY AT WORK (specify yes or no): Yes
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Tavern
20f. LOCATION (street or R.F.D. No., city or town, county, state): Bonanza, Oregon

MEDICAL INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 6:30 P. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD month day year hour: August 21, 1972 6:30 P. M.
FROM: 21c. Natural Causes ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: Veldon C Boge MD
22b. NAME—(type or print): Veldon Boge
Degree or Title: M.D.
23. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY
DATE SIGNED (month, day, year): August 25, 1972

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Malin Cemetery
24c. LOCATION city or town: Malin, state: Oregon
24d. DATE (month, day, year): 8-24-72
25a. FUNERAL DIRECTOR—SIGNATURE: O'Hair #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

4. 5. 6.
26a. REGISTRAR—SIGNATURE: Marian Lehrman
26b. DATE RECEIVED BY LOCAL REGISTRAR: August 25, 1972
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

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 Marian Lehrman, Deputy Registrar
Date AUG 28 1972 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 27 day of Sept A.D.,19 82 at 3:39 o'clock P M and duly recorded in Vol M 82, of Deeds on page 12823

EVELYN BIEHN COUNTY CLERK
by Joyce McAmis Deputy

FEE $ 4.00

Return To:
Mr. Don Jacob
P.O. Box 3
Bonanza, OR 97623