

27909

SEP 7 PM 2 05

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

Vol. 1783 Page 15208

309

CERTIFICATE OF DEATH  
ORS - 146

State File Number

PRINT  
IN  
INKENT  
ED IN  
BOOK  
ION OF  
ITEMS

TION

FIER  
ICAL  
INERTIONS  
Y GAVE  
TO  
DATE  
USE  
G THE  
LYING  
LASTOF  
TH

DECEASED - NAME First: Frank, Middle: N., Last: Addison		DATE OF DEATH (MONTH, DAY, YEAR) August 31, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE - LAST BIRTHDAY (YEARS) 56	DATE OF BIRTH (MONTH, DAY, YEAR) January 12, 1927
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.) 3121 Crosby St.	COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Agnes L. Addison
SOCIAL SECURITY NUMBER 544-24-1389	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Millwright	KIND OF BUSINESS OR INDUSTRY Lumber	
RESIDENCE - STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 631 Roseway Dr.
FATHER - NAME FIRST MIDDLE LAST Frank Addison	MOTHER - MAIDEN NAME FIRST MIDDLE LAST Ruth Mills	INFORMANT - NAME AND RELATIONSHIP TO DECEASED Agnes L. Addison, Wife	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial	CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	LOCATION - CITY OR TOWN STATE Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.			
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 (MONTH, DAY, YEAR) 8:30 A. August 31, 1983	THE DECEASED WAS PRONOUNCED DEAD (HOUR) 12:15 P.M.	FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER - SIGNATURE Robert E. Jamison	NAME - (TYPE OR PRINT) Robert E. Jamison, M.D.	DEGREE OR TITLE	
MEDICAL EXAMINER FOR: Klamath	COUNTY Klamath	DATE SIGNED (MONTH, DAY, YEAR) September 1, 1983	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) SEP 1 1983	REGISTRAR (SIGNATURE) Marian Ackerman		
PART I IMMEDIATE CAUSE (A) Severe Brain Stem Contusion and Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (B) Displaced Basilar Skull Fracture DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		INTERVAL BETWEEN ONSET AND DEATH Instantaneous Instantaneous INTERVAL BETWEEN ONSET AND DEATH Instantaneous AUTOPSY (SPECIFY YES OR NO) Yes	
DATE OF INJURY (MONTH, DAY, YEAR) Aug. 31, 1983	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Multiple crushing head injuries while working on heavy machinery at Lumber mill.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 3121 Crosby St., Klamath Falls, Oregon 97603	
INJ. AT WORK (SPECIFY YES OR NO) Yes	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Circle D. Lumber Co.		
RESERVED FOR REGISTRAR'S USE			

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Admiral E. Smith, Deputy Registrar  
Date

VOID IF ALTERED

SEP 1 1983

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 \_\_\_\_\_ day of \_\_\_\_\_ A.D., 19\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and duly recorded in Vol \_\_\_\_\_, of \_\_\_\_\_ on page \_\_\_\_\_.

EVELYN BIEHN COUNTY CLERK

by Barbara A. Smith Deputy

Fee \$ \_\_\_\_\_