

309

CERTIFICATE OF DEATH

ORS - 146

State File Number

DECEASED - NAME FIRST: Frank, MIDDLE: N., LAST: Addison			DATE OF DEATH (MONTH, DAY, YEAR) 2 August 31, 1983		
RACE 1 White		SEX 4 Male		AGE - LAST BIRTHDAY (YEARS) 3A 56	
CITY, TOWN, OR LOCATION OF DEATH 7A Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.) 7B 3121 Crosby St.		COUNTY OF DEATH 7D Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8 Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Married	
SOCIAL SECURITY NUMBER 13 544-24-1389		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14A Millwright		KIND OF BUSINESS OR INDUSTRY 14B Lumber	
RESIDENCE - STATE 15A Oregon		COUNTY 15B Klamath		CITY, TOWN, OR LOCATION 15C Klamath Falls	
FATHER - NAME FIRST MIDDLE LAST 16 Frank Addison		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Ruth Mills		SPOUSE (IF MARRIED, WIDOWED) 11 Agnes L. Addison	
BURIAL, CREMATION, REMOVAL, MAUS., (SPECIFY) 19A Burial		CEMETERY OR CREMATORY - NAME 19B Eternal Hills Memorial Gardens		LOCATION - CITY OR TOWN STATE 19C Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - NAME AND ADDRESS OF FACILITY 20A Mike Olan		20B 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 (HOUR) 21A 8:30 A.		THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21B August 31, 1983		FROM: 21C 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 - NAME AND SIGNATURE 21D Robert E. Jamison		MEDICAL EXAMINER FOR: COUNTY 21F Klamath		NAME - (TYPE OR PRINT) 21E Robert E. Jamison, M.D.	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) 22A SEP 1 1983		REGISTRAR (SIGNATURE) 22B [Signature]			
PART I 23 IMMEDIATE CAUSE (A) Severe Brain Stem Contusion and Hemorrhage		(B) Displaced Basilar Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
PART II 24 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) 24 Yes			
DATE OF INJURY (MONTH, DAY, YEAR) 25A Aug. 31, 1983		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25B Multiple crushing head injuries while working on heavy machinery at Lumber mill.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25C 3121 Crosby St., Klamath Falls, Oregon 97603	
INJ. AT WORK (SPECIFY YES OR NO) 25D Yes		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E 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 [Signature], 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 ___.

EVERLYN BIEHN COUNTY CLERK
by [Signature] Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 14th day of September A.D., 1983 at 1:54 o'clock P M, and duly recorded in Vol M 83 of Deeds on page 15881.

EVERLYN BIEHN, COUNTY CLERK
by [Signature] deputy

Fee \$ None

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