

27909

28346

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CERTIFICATE OF DEATH

ORS - 146

State File Number

DECEASED - NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
Frank		N.		Addison				August 31, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX		AGE - LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
White		Male		56		MOS. DAYS HOURS MIN.		January 12, 1927	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		IF HOSP. OR INST. IN INDICATE DOA, OFFENSE RM., INPATIENT (SPECIFY)		COUNTY OF DEATH			
Klamath Falls		3121 Crosby St.		7C		Klamath			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
Oregon		U.S.A.		Married		Agnes L. Addison		Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
544-24-1389		Millwright		Lumber					
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Oregon		Klamath		Klamath Falls		631 Roseway Dr.		Yes	
FATHER - NAME FIRST MIDDLE LAST		MOTHER - MAIDEN NAME FIRST MIDDLE LAST		INFORMANT - NAME AND RELATIONSHIP TO DECEASED					
Frank Addison		Ruth Mills		Agnes L. Addison, Wife					
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN		STATE			
Burial		Eternal Hills Memorial Gardens		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 (HOUR)		THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR)		FROM:		NATURAL CAUSES		ACCIDENT	
8:30 A.		August 31, 1983		12:15 P.M.		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
CERTIFIER - SIGNATURE		NAME - (TYPE OR PRINT)		DEGREE OR TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
Robert E. Jamison		Robert E. Jamison, M.D.				<input type="checkbox"/>		<input type="checkbox"/>	
MEDICAL EXAMINER FOR: COUNTY		DATE SIGNED (MONTH, DAY, YEAR)							
Klamath		September 1, 1983							
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR (SIGNATURE)							
SEP 1 1983		T. E. Jamison							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)									
(A) Severe Brain Stem Contusion and Hemorrhage								Interval between onset and death	
(B) Displaced Basilar Skull Fracture								Interval between onset and death	
(C) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)								Interval between onset and death	
PART II								AUTOPSY (SPECIFY YES OR NO)	
								Yes	
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)					
Aug. 31, 1983		8:30 A.M.		Multiple crushing head injuries while working on heavy machinery at Lumber mill.					
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)					
Yes		Circle D. Lumber Co.		3121 Crosby St., Klamath Falls, Oregon 97603					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

HS-107 REV. 1-80

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 T. E. Jamison, 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

Fee \$ _____

by Scenitha A. Delich 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 _____ M, and duly recorded in Vol M 83, of Deeds on page 15881.

EVELYN BIEHN, COUNTY CLERK

Fee \$ None

by Scenitha A. Delich deputy