

29456 CERTIFICATE OF DEATH

Vital Records Unit

Vol. m83 Page 17725

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Local File Number

PRECEDENT  
IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
EVIDENCE ITEMS.

POSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

83 OCT 17 AM 9  
83 OCT 17 AM 9

DECEASED—NAME First Middle Last <b>FLOYD E. FRASIER</b>		State File Number
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>	4 SEX <b>Male</b>	5a AGE—Last birthday (years) <b>62</b>
3 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>	7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>4462 Sycamore Drive</b>	7c IF HOSP. OR INST. Indicate DOA, OP/Emr., Rm., Inpatient (Specify)
8 STATE OF BIRTH (If not in U.S.A., name country) <b>Idaho</b>	9 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>
13 SOCIAL SECURITY NUMBER <b>544-05-0076</b>	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Assistant Supervisor of mail</b>	11 SPOUSE (IF MARRIED, WIDOWED) <b>Donna D. Frasier</b>
15a RESIDENCE—STATE <b>Oregon</b>	15b COUNTY <b>Klamath</b>	15c CITY, TOWN, OR LOCATION <b>Klamath Falls</b>
16 FATHER—NAME first middle last <b>Lewis - Frasier</b>	17 MOTHER—Maiden Name first middle last <b>Olive U. Hughes</b>	18 INFORMANT—NAME and relationship to deceased <b>Donna D. Frasier - Wife</b>
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Maus.</b>	19b CEMETERY OR CREMATORY—NAME <b>Eternal Hills Memorial Gardens</b>	19c LOCATION city or town state <b>Klamath Falls, Oregon</b>
20a FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) <i>Charles D. Bury</i>	20b NAME AND ADDRESS OF FACILITY <b>6420 South Sixth Street, Klamath Falls, Oregon 97603</b>	21a DATE SIGNED (Mo., Day, Yr.) <b>OCT 13 1983</b>
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Charles D. Bury, MD</b>	21b DATE SIGNED (Mo., Day, Yr.) <b>OCT 13 1983</b>	21c HOUR OF DEATH <b>9:30 A.M.</b>
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>2300 Clairmont St., Klamath Falls, Oregon 97601</b>		
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>OCT 14 1983</b>		
22b REGISTRAR <i>John E. Smith</i>		
23 IMMEDIATE CAUSE (a) <b>Pneumonia</b> (b) <b>Lung Cancer</b> (c) <b>Interval between onset and death</b>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Interval between onset and death</b>		
26a ACCIDENT (Specify Yes or No) <b>No</b>	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY
26d INJURY AT WORK (Specify Yes or No) <b>No</b>	26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Office building</b>	26f DESCRIBE HOW INJURY OCCURRED
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE		

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 *John E. Smith*, Deputy Registrar

VOID IF ALTERED OCT 14 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 17th day of October A.D., 19 83 at 3:52 o'clock P.M., and duly recorded in Vol m83, of Deeds on page 17725.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith* deputy