

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
First Middle Last		2 November 7, 1985	
1 Franklin W. ELZNER		DATE OF BIRTH (month, day, year)	
2 White		6 March 26, 1925	
3 Male		4 60	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME	
7a Medford		7b Rogue Valley Medical Center	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY	
6 Oregon		9 U.S.A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
13 568-38-0203		10 Married	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a Oregon		14b Farming	
COUNTY		STREET AND NUMBER OR R.F.D., ZIP	
15b Klamath		15d 514 St. Francis St. 97601	
CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (specify yes or no)	
15c Klamath Falls		15e Yes	
FATHER—NAME		MOTHER—NAME	
16 Frank Joseph Elzner		17 Mary - Hladik	
CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased	
18a Cremation		18 Frances Jean Elzner, Wife	
19a Klamath Cremation Service		LOCATION	
19b Klamath Cremation Service		19c Klamath Falls, Ore.	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY	
20a Mike O'Hair		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.	
20b I, the undersigned, being a duly licensed physician, certify that the above named person died on the date and at the place stated.		DATE SIGNED (month, day, year)	
21a (Signature) M.D.		21b 11/3/85	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21d Yale Sacks, M.D., 786 State St., Medford, Oregon 97501		21c 9:35 A. M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e			
DATE RECEIVED BY REGISTRAR (month, day, year)		REGISTRAR	
22a NOV 12 1985		22b (Signature) Natalie Chan	
23 IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
(a) Respiratory Arrest		Interval between onset and death	
(b) Acute leukemia		Interval between onset and death	
(c) Hodgkin's Disease		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
24 No		25 No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (month, day, year)	
26a No		26b	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
26c		26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26e No		26f	
LOCATION		STREET OR R.F.D. NO	
26g		CITY OR TOWN	
		STATE	

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

ORIGINAL-VITAL STATISTICS COPY

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE NOV 13 1985

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
VOID IF ALTERED

REGISTRAR, VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 14th \_\_\_\_\_ day  
of November \_\_\_\_\_ A.D., 19 85 at 12:05 o'clock \_\_\_\_\_ P.M., and duly recorded in Vol. M85  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 18425.

FEE \$5.00

EVELYN BIEHN County Clerk  
By \_\_\_\_\_