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

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: JAMES Middle: FRANKLIN Last: WARNER, SR.

(2) DATE OF DEATH (month, day, year): November 23, 1985

(3) RACE (white, Black, American Indian, etc. (specify)): White

(4) SEX: Male

(5a) AGE—Last Birthday (years): 55

(5b) Under 1 year: mos / days

(5c) Under 1 day: hours / min

(5) DATE OF BIRTH (month, day, year): February 2, 1930

(6a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(6b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

(6c) If hosp or inst: Ind-care DOA OP Emer. Rm. Inpatient (Specify): Emer. Room

(6d) COUNTY OF DEATH: Klamath

(7) STATE OF BIRTH (If not in U.S.A. name country): Oregon

(8) CITIZEN OF WHAT COUNTRY: U.S.A.

(9) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

(10) SPOUSE (IF MARRIED, WIDOWED): Sue

(11) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

(12) SOCIAL SECURITY NUMBER: 540 - 30 - 8724

(13a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Millworker

(13b) KIND OF BUSINESS OR INDUSTRY: Modoc Lumber Company

(14a) RESIDENCE—STATE: Oregon

(14b) COUNTY: Klamath

(14c) CITY, TOWN, OR LOCATION: Klamath Falls

(14d) STREET AND NUMBER OR R.F.D., ZIP: Route 3 - Box 308 97603

(14e) Inside City Limits (specify yes or no): No

(15) FATHER—NAME first middle last: Harold Warner

(16) MOTHER—first middle last (Maiden Name): Edna Robb

(17) INFORMANT—NAME and relationship to deceased: Sue Warner - Wife

(18a) BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

(18b) CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

(18c) LOCATION city or town, State: Klamath Falls, Ore

(19a) FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): James K. Ward

(19b) NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(20a) (Signature): Kenneth K. Magee

(20b) NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 1900 Main / Klamath Falls, Oregon / 97601

(20c) DATE SIGNED (Mo., Day, Yr.): Nov. 26, 1985

(20d) HOUR OF DEATH: 11:20 P M

(20e) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

(21a) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 26 1985

(21b) REGISTRAR (Signature): Katherine E. Ramsey

(22) IMMEDIATE CAUSE

PART I (a) Cardiorespiratory Arrest — Interval between onset and death: Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Generalized Athrosclerosis, Severe — Interval between onset and death: Years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

(23a) ACCIDENT (Specify Yes or No): No

(23b) DATE OF INJURY (Mo., Day, Yr.):

(23c) HOUR OF INJURY:

(24) AUTOPSY (Specify Yes or No): No

(25) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

(26a) INJURY AT WORK (Specify Yes or No):

(26b) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

(26c) DESCRIBE HOW INJURY OCCURRED:

(26d) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 1283

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 Katherine E. Ramsey Deputy Registrar

Date Jan 17 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

[SEAL]

Vital Statistics
P.O. Box 101
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____

of October A.D., 19 86 at 2:59 o'clock P M., and duly recorded in Vol. M86, the 7th day

of Deeds on Page 18316.

FEE $5.00

Evelyn Biehn, County Clerk

By _____