

CERTIFICATE OF DEATH

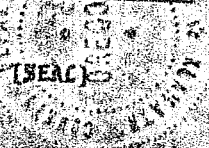
DECEASED - NAME Frank Frederick ROJO, Jr.		State File Number	
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) Spanish		SEX Male	AGE - LAST BIRTHDAY (YEARS) 38
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME, IF NOT IN U.S.A., GIVE STREET & NO. Merle West Medical Center	DATE OF DEATH (MONTH, DAY, YEAR) March 1, 1986
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) California		CITY OF BIRTH D.O.A., E.R.	DATE OF BIRTH (MONTH, DAY, YEAR) October 15, 1947
CITIZENSHIP OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	COUNTY OF DEATH Klamath
SOCIAL SECURITY NUMBER 570-64-7056		SPOUSE (IF MARRIED, WIDOWED, DIVORCED) Sheryl L. Rojo	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) No
RESIDENCE - STATE Oregon		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING BEST 3 MONTHS OF LIFE, EVEN IF RETIRED) Retail Sales	KIND OF BUSINESS OR INDUSTRY Mechanical Tools
COUNTY Klamath		CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. ZIP 1736 Worden Street 97601
FATHER - NAME FIRST MIDDLE LAST Frank R. Rojo, Sr.		MOTHER - NAME FIRST MIDDLE LAST (MARRIED NAME) Marie - Batanides	INFORMANT - NAME AND RELATIONSHIP TO DECEASED Sheryl L. Rojo, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial		CEMETERY OR CREMATORY - NAME Keno Cemetery	LOCATION - CITY OR TOWN STATE Keno, Oregon
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE <i>Robert E. Jamison</i>		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.	
CERTIFICATION - MEDICAL EXAMINER			
I CERTIFY THAT I HAVE INQUIRED INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (MONTH, DAY, YEAR) Approx. 1:30 A.M. March 1, 1986		DEATH RESULTED ON OR ABOUT: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☒ PENDING ☐	
CERTIFIED SIGNATURE <i>Robert E. Jamison</i>		NAME - (TYPE OR PRINT) Robert E. Jamison, M.D.	
MEDICAL EXAMINER Klamath		DATE SIGNED (MONTH, DAY, YEAR) March 11, 1986	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) March 11, 1986		REGISTRAR <i>Robert E. Jamison</i>	
PART I - IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) Acute and Chronic I V Narcotism with alcohol intoxication		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
(B) Due to, or as a consequence of:		INTERVAL BETWEEN ONSET AND DEATH	
(C) Due to, or as a consequence of:		INTERVAL BETWEEN ONSET AND DEATH	
PART II - OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
DATE OF INJURY (MONTH, DAY, YEAR) March 1, 1986		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Drug Overdose	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. Tool Guy Store		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 1330 Main Street, Klamath Falls, Oregon 97601	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-107 REV 12-81

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 *Robert E. Jamison* Deputy Registrar

Date *March 11, 1986*

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of October A.D., 19 86 at 1:03 o'clock P M., and duly recorded in Vol. 1936 day of Deeds on Page 19047

FEE \$5.00

Return: Greg Rojo 11891 Crystal Spring RD., Klamath Falls, Oregon 97603

Evalyn Biehn, County Clerk

By *Robert E. Jamison*