Vol M86 Page 19047

101
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. Decedent (First, Middle, Last)	Frank Frederick ROJO, Jr.
2. Date of Death	March 1, 1986
3. Race	Spanish
4. Sex	Male
5. Age—Last Birthday (years)	38
6. Date of Birth	October 15, 1947
7a. City, Town, or Location of Death	Klamath Falls
7b. Hospital or Other Institution	Merle West Medical Center
7c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	D.O.A., E.R.
7d. County of Death	Klamath
8. State of Birth	California
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Spouse	Sheryl L. Rojo
12. Was Decedent Ever in U.S. Armed Forces	No
13. Social Security Number	570-64-7056
14a. Usual Occupation	Retail Sales
14b. Kind of Business or Industry	Mechanical Tools
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D.	1736 Worden Street, Zip 97601
15e. Inside City Limits	Yes
16. Father	Frank R. Rojo, Sr.
17. Mother (Maiden Name)	Marie - Batanides
18. Informant—Name and Relationship to Deceased	Sheryl L. Rojo, Wife
19a. Burial, Cremation, Removal	Burial
19b. Cemetery or Crematory	Keno Cemetery
19c. Location	Keno, Oregon
20a. Funeral Service Licensee Signature	Merrill Reid
20b. 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:

Field	Entry
21a. Death Occurred (Hour)	Approx. 1:30 A.M.
21b. The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	March 1, 1986 3:46 A.M.
21c. From	Natural Causes ☐ Homicide ☐ Accident ☐ Undetermined XX Suicide ☐ Pending ☐
21d. Certifier Signature	Robert E. Jamison M.D.
21e. Name (Type or Print)	Robert E. Jamison, M.D.
21f. Medical Examiner for County	Klamath
21g. Date Signed	March 11, 1986
22a. Date Received by Registrar	March 11, 1986
22b. Registrar (Signature)	Kathrine E. Crawinks

23. Part I — Immediate Cause	Interval Between Onset and Death
(a) Acute and Chronic I V Narcotism with alcohol intoxication	1 hour
(b)	
(c)	
Part II — Other significant conditions	

Field	Entry
24. Autopsy	Yes
25a. Date of Injury	March 1, 1986
25b. Hour	1:00 A.M.
25c. How Injury Occurred	Drug Overdose
25d. Injury at Work	No
25e. Place of Injury	Tool Guy Store
25f. Location	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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Kathrine E. Crawinks *Deputy Registrar*

Date March 4, 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 ________ the 20th day of October A.D., 19 86 at 1:03 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 19047

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00

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