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Vol. M86

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United States of America - State of New Mexico - Vital Records

CERTIFICATE OF DEATH - Certified by Medical Investigator ☐ SAN JUANCertified by Physician ☒

County of Death

FARMINGTON

City, Town, Location

DECEDENT - NAME First Middle Last Frank Larnee Jones		SEX Male	DATE OF DEATH (mo, day, yr) July 8, 1986
DATE OF BIRTH (mo, day, yr) June 9, 1911	AGE - last birthday 75	RACE - Specify White, Black, Native American, etc. White	
IF HISPANIC, Specify: ☐ U.S. Southwest ☐ Mexican ☐ Cuban ☐ Puerto Rican ☐ Other:		HOSPITAL OR OTHER INSTITUTION - Name (If neither, give street and number) San Juan Regional Medical Center	
DATE OR COUNTRY OF BIRTH Oklahoma	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - Specify Married	SURVIVING SPOUSE (If wife, give maiden name) Ruby Warren
SOCIAL SECURITY NUMBER 40-07-8349	USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Oil Field Driller		IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.) Emer/Rm
RESIDENCE - State New Mexico	County San Juan	CITY, TOWN OR LOCATION Farmington	STREET AND NUMBER 2600 LaRue
FATHER - NAME First Middle Last Charles Jones		MOTHER - MAIDEN NAME First Middle Last Erma Blankenship	INSIDE CITY LIMITS? ☒ Yes ☐ No
FORMANT - NAME (Type or print) Joyce Brown		MAILING ADDRESS Street/RFD No. City/Town State Zip 5200 Villa View Sp#9-A, Farmington, New Mexico	
BURIAL, CREMATION, REMOVAL, OTHER - Specify Burial		CEMETERY / CREMATORY - Name Greenlawn	LOCATION City/Town State Farmington, New Mexico
JUNERAL SERVICE LICENSEE or Authorized Rep. - Signature <i>[Signature]</i>		FACILITY - NAME Basin Mortuary	FACILITY - ADDRESS 804 North Dustin, Farmington, New Mexico
CERTIFIER'S SIGNATURE - On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i>		DATE SIGNED (mo, day, yr) 7/14/86	HOUR OF DEATH 0415
Office of the Medical Investigator University of New Mexico Medical School, Albuquerque, NM 87131		PRONOUNCED DEAD (mo, day, yr) 7/8/86	PRONOUNCED DEAD (hour) 0416
PART I - IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c) Myocardial Infarction		DATE RECEIVED 7-18-86	
DUE TO, OR AS A CONSEQUENCE OF: Diabetes		Interval between onset and death 2 hours	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II - OTHER SIGNIFICANT CONDITIONS - Contributing to death but not related to cause given in PART I.			
AS RECENT SURGICAL PROCEDURE PERFORMED? ☐ Yes ☒ No	IF YES, SPECIFY TYPE OF PROCEDURE 25b.	DATE OF PROCEDURE 25c.	AUTOPSY ☐ Yes ☒ No
Ca. Suicide, Hom., Under Inquest - Specify	DESCRIBE HOW INJURY OCCURRED 27b.	WAS DECEDENT PREGNANT WITHIN LAST 6 WEEKS? ☐ Yes ☒ No	If yes, estimated length of pregnancy 26b.
INJURY AT WORK ☐ Yes ☒ No	PLACE OF INJURY - Specify home, farm, street, etc. 27f.	HOUR OF INJURY 27c.	DATE OF INJURY (mo, day, yr) 27d.
	LOCATION Street/RFD No. City/Town State 27g.		

CERTIFIED COPY OF VITAL RECORD

STATE OF NEW MEXICO
HEALTH AND ENVIRONMENT DEPARTMENTHEALTH SERVICES DIVISION
SAN JUAN COUNTY

This is a true and exact reproduction of the original document officially registered and placed on file in the Vital Records Section of the Health and Environment Department in Santa Fe, New Mexico and issued under the authority of the State Registrar of Vital Statistics.

DATE ISSUED: **7-18-86**

CONTROL NO: _____

[Signature]
TERRENCE D. CHILBAULT
State Registrar
Vital Statistics Bureau

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of _____ November _____ A.D., 19 **86** at **9:05** o'clock **A** M., and duly recorded in Vol. **M86** day
of _____ Deeds on Page **20128**

FEE \$5.00

Ret: Ruby Jones

Evelyn Biehn, County Clerk

By *[Signature]*
2600 La Rue Farmington, New Mexico, 87401

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