

DECEASED - NAME Frank		Last		State File Number	
RACE: White		SEX: Male		DATE OF DEATH (month, day, year) December 11, 1986	
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls		AGE - Last birthday (years, months, days) 86		DATE OF BIRTH (month, day, year) February 17, 1900	
STATE OF BIRTH (if not in U.S.): Idaho		CITIZEN OF WHAT COUNTRY: U.S.A.		COUNTY OF DEATH Klamath	
SOCIAL SECURITY NUMBER 542-12-5989-A		USUAL OCCUPATION (One kind of work done during most of working life, given if retired) Grader Operator		KIND OF BUSINESS OR INDUSTRY Klamath County	
RESIDENCE - STATE Oregon		CITY, TOWN OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 2731 Dayton St.	
FATHER - NAME first middle last John - Gardner		MOTHER - first middle last (Maiden Name) Mindwell - Dewitt		ZIP 97603	
BURIAL CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY - NAME Klamath Memorial Park		LOCATION city or town state Klamath Falls Oregon	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Hair's Funeral Chapel Inc. 515 Pine St. Klamath Falls, Oregon		INFORMANT - NAME and relationship to deceased Gretchen Gardner (Wife)	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Year) December 15, 1986		HOUR OF DEATH 7:05 P.M.	
NAME, TITLE AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Blake Berven MD PC 2616 Clover St. Klamath Falls, Oregon		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) December 15, 1986		REGISTRAR <i>[Signature]</i>			
PART I - IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]					
(a) Pneumonia				Interval between onset and death 24 hours	
(b) Embolitic CVA				Interval between onset and death 3 days	
(c) Atherosclerotic cardiomyopathy				Interval between onset and death 5 years	
PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) NO		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No) NO		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO		WAS GIFT MADE? NO		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) NO	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-66

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 *[Signature]*, Deputy Registrar

Date December 15, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gretchen Gardner
of May A.D., 19 87 at 9:43 o'clock A M., and duly recorded in Vol. M87,
of Deeds on Page 7785.

FEE \$5.00

Ret: Gretchen Gardner 2731 Dayton St., Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk

By *[Signature]*