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

Vol. M87 Page 22778

State File Number

15546
ID TAG NO.

860625

CERTIFICATE OF DEATH

TYPE
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IN
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CERTIFIER

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WHICH GAVE
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NDERLYING
CAUSE LASTCAUSE OF
DEATH

Review: MTC

DECEASED - NAME First Middle Last Frank W. OHLUND		DATE OF DEATH (month, day, year) 2 June 13, 1986	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE - Last birthday (years) 67
CITY, TOWN OR LOCATION OF DEATH Medford		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Rogue Valley Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) Oregon		CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 572-15-7148		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	
RESIDENCE - STATE Oregon		COUNTY Jackson	CITY, TOWN OR LOCATION Talent
FATHER - NAME first middle last Frank A. Ohlund		MOTHER - first middle last Emma Jo Forsberg	INFORMANT - NAME and relationship to deceased Jane A. Ohlund Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY - NAME Mountain View Cemetery	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) Janet L. Lindell		NAME AND ADDRESS OF FACILITY 1811 Ashland Street Ashland, Oregon 97520	
20a (Signature) Janet L. Lindell		DATE SIGNED (Mo., Day, Year) 6/19/86	
21a (Signature) Minor E. Matthews, M.D.		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 2911 Siskiyou Blvd., Medford, OR 97504	
21b (Signature) Minor E. Matthews, M.D.		NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print)	
21c (Signature) Minor E. Matthews, M.D.		NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JUN 23 1986		REGISTRAR (Signature) Dean L. Lathrop	
22a IMMEDIATE CAUSE (a) CARDIOGENIC SHOCK		INTERVAL BETWEEN ONSET AND DEATH HOURS	
(b) CONGESTIVE CARDIOPATHY		INTERVAL BETWEEN ONSET AND DEATH YEARS	
(c) VENTRICULAR TACHYCARDIA		INTERVAL BETWEEN ONSET AND DEATH	
23 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) VENTRICULAR TACHYCARDIA		AUTOPSY (Specify Yes or No) No	
24 ACCIDENT (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
25a INJURY AT WORK (Specify Yes or No) No		25b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Office building	
25c DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES		25d WAS GIFT MADE? YES	
25e RESERVED FOR REGISTRAR'S USE		25f	

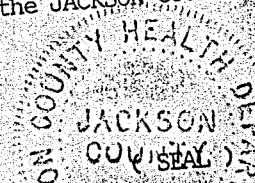
ORIGINAL-VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD.. COUNTY OF JACKSON

STATE OF OREGON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE SEP 12 1986

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTEREDREGISTRAR, VITAL STATISTICS
*Dean L. Lathrop*STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 22nd day
Filed for record at request of Mountain Title Company
of December 87 at 12:30 o'clock P. M., and duly recorded in Vol. M87
of Needs on Page 22778
Evelyn Biehn, County Clerk
By *Pam Smith*

FEE \$5.00