

1. DECEDENT'S NAME First Middle Last <b>Frank Christopher DUDGEON</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 7, 1988</b>			
4. SOCIAL SECURITY NUMBER <b>114-07-7875</b>		5a. AGE - Last Birthday (Years) <b>80</b>	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Catherine, N.Y.</b>	7. DATE OF BIRTH (Month, Day, Year) <b>March 19, 1908</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9d. COUNTY OF DEATH <b>Klamath</b>		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Glass Blower</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Glass Manufacturing</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		
12. SPOUSE (If Married, Widowed) <b>Eva Rathbone</b>						
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		
13d. STREET AND NUMBER <b>3113 Boardman Street</b>						
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97603</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12</b>				
17. FATHER - NAME first middle last <b>Richard - Dudgeon</b>		18. MOTHER - NAME first middle maiden <b>Mary - Wood</b>		19. INFORMANT - NAME and relationship to decedent <b>Eva M. Dudgeon, wife</b>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Crematory</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon 97603</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) <b>47-3104</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>		
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
23. TIME OF DEATH <b>21:06 P M</b>		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>David D. Reeder MD</i>						
26. DATE SIGNED (Month, Day, Year) <b>October 10, 1988</b>						
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601</b>						
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I		(a) <b>Pulmonary Embolus</b>				Interval between onset and death <b>MINUTES</b>
		(b) <b>Small Bowel Obstruction</b>				Interval between onset and death <b>DAYS</b>
		(c) <b>Surgical Adhesions</b>				Interval between onset and death <b>Years</b>
PART II		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. If YES were findings considered in determining cause of death?				
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY <b>M</b>	36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. DESCRIBE HOW INJURY OCCURRED		36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
37. REGISTRAR'S SIGNATURE <i>Dan Kennedy</i>		38. DATE FILED (Month, Day, Year) <b>OCT 10 1988</b>				
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
RESERVED FOR REGISTRAR'S USE						

## ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **OCT 11 1988***Marian Ackerman*  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the **12th** day  
of **Oct.** **A.D., 19 88** at **2:39** o'clock **P. M.**, and duly recorded in Vol. **M88**  
of **Deeds** on Page **17155**

FEE \$8.00

Return: Eva Dudgeon

3113 Boardman, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By *Caroline Micallef*