

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

115696

CERTIFICATE OF DEATH—Certified by Medical Investigator ☐ SAN JUAN

FARMINGTON

E: If death due to accident, suicide, homicide, trauma, known causes, refer case to Medical Investigator

Certified by Physician ☒

County of Death

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 5a. 75 yrs.	UNDER 1 YEAR 5b. Mos. Days 5c. Hours Mins.	RACE—Specify White, Black Native American, etc. White	IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.) Emer/Rm
IF HISPANIC, Specify: <input type="checkbox"/> U.S. Southwest <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other:	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—Specify 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Ruby Warren	IF HOSP OR INST., Specify DOA OP/Emer. Rm. Inpatient 12. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SOCIAL SECURITY NUMBER 40-07-8349	USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 14a. Retired	14b. Oil Field Driller	KIND OF BUSINESS OR INDUSTRY	
RESIDENCE—State New Mexico	County San Juan	CITY, TOWN OR LOCATION Farmington	STREET AND NUMBER 15a. 2600 LaRue	INSIDE CITY LIMITS? 15b. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FATHER—NAME First Middle Last Charles Jones	MOTHER—MAIDEN NAME First Middle Last Erma Blankenship	INFORMANT—NAME (Type or print) 16a. Joyce Brown		
MAILING ADDRESS—Street/RFD No. City/Town State Zip 16b. 5200 Villa View Sp#9-A, Farmington, New Mexico		FUNERAL, CREMATION, REMOVAL, OTHER—Specify 17a. Burial		
CEMETERY / CREMATORY—Name 17b. Greenlawn		LOCATION 17c. Farmington, New Mexico		
FACILITY—NAME 18a. Basin Mortuary		FACILITY—ADDRESS 18b. 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. Dr. Clifford Clark 657 W. Maple Farmington, NM 87401		DATE SIGNED (mo, day, yr) 21c. 7/14/86	HOUR OF DEATH 21d. 0415 M	
OFFICE of the Medical Investigator 19a. University of New Mexico Medical School, Albuquerque, NM 87131		PRONOUNCED DEAD (mo, day, yr) 21e. 7/8/86	PRONOUNCED DEAD (hour) 21f. 0416 M	
Office of the Medical Investigator 19b. University of New Mexico Medical School, Albuquerque, NM 87131		CERTIFIED PHYSICIAN <input checked="" type="checkbox"/>	REGISTRAR SIGNATURE 22a. Dianna J. McCune	
DATE RECEIVED 22b. 7-18-86		PART I—IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c)		
a. Myocardial Infarction		Interval between onset and death 2 hours		
b. Diabetes		Interval between onset and death years		
c. Part II—OTHER SIGNIFICANT CONDITIONS—Contributing to death but not related to cause given in PART I.		Interval between onset and death		
AS RECENT SURGICAL PROCEDURE PERFORMED? 23a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, SPECIFY TYPE OF PROCEDURE 23b.	DATE OF PROCEDURE 23c.	AUTOPSY 24a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23d. Suicide, Hom., Under Incest Invest.—Specify	23e. DESCRIBE HOW INJURY OCCURRED 23f.	23g.	24b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23h. INJURY AT WORK 23i. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23j. PLACE OF INJURY—Specify home, farm, street, etc.	23k. LOCATION Street/RFD No. City/Town State	24c. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23l. DATE OF INJURY (mo, day, yr) 23m.	23n. HOUR OF INJURY (mo, day, yr) 23o.	23p.	24d. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23q.	23r.	23s.	24e. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

TERRENCE D. GUILBAULT
State Registrar
Vital Statistics Bureau

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Towle Products** the **29th** day of **Dec.**, 19 **88** at **2:04** o'clock **PM.**, and duly recorded in Vol. **M88** of **Deeds** on Page **22139**.

FEE \$8.00

Return: Towle Products
P.O. Box 994, Pebble Beach, Ca. 93953

Evelyn Biehn, County Clerk
By **Pauline Mullins**

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