

99521

41482 I.D. TAG NO.

OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

136-

State File Number

00610 Local File Number

MT-212-966

CERTIFICATE OF DEATH

2. SEX M

3. DATE OF DEATH (Month, Day, Year) March 25, 1988

1. DECEDENT'S NAME First Frank

Middle Elmer

Last WESTON

4. SOCIAL SECURITY NUMBER 540 28 6210

5a. AGE - Last Birthday (Years) 61

5b. UNDER 1 YEAR Mos. 0 D's 0

5c. UNDER 1 DAY Hours 0 Mins. 0

6. BIRTHPLACE (City and State or Foreign Country) Rapid City, S. Dakota

7. DATE OF BIRTH (Month, Day, Year) March 31, 1926

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DOA

9c. CITY, TOWN, OR LOCATION OF DEATH Cottage Grove

9d. COUNTY OF DEATH Lane

9b. FACILITY NAME (If not institution, give street and number) Cottage Grove Hospital

10a. DECEDENT'S USUAL OCCUPATION Edgerman

10b. KIND OF BUSINESS/INDUSTRY Sawmill

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married

12. SPOUSE (If Married, Widowed) Wilma

13a. RESIDENCE - STATE Oregon

13b. COUNTY Lane

13c. CITY, TOWN, OR LOCATION Cottage Grove

13d. STREET AND NUMBER 235 Gateway Blvd., #A

13e. INSIDE CITY LIMITS? Yes No

13f. ZIP CODE 97424

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes

15. RACE American Indian, Black, White, etc. (Specify) White

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10th

17. FATHER - NAME first middle last Elmer Earl Weston

17. FATHER - NAME first middle last Orl Amelia

17. FATHER - NAME first middle last

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19. INFORMANT - NAME and relationship to deceased Wilma G. Weston, Wife

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery

20c. LOCATION - City or Town, State Portland, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Gary A. Buell

21b. LICENSE NUMBER (Of Licensee) 47-3063

22. NAME, ADDRESS AND ZIP OF FACILITY Buell Chapel 320 N. 6th St., Springfield OR 97477

23. TIME OF DEATH 1843 M

27a. TIME OF DEATH M

27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M

24. WAS MEDICAL EXAMINER NOTIFIED? Yes No

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)

29. DATE SIGNED (Month, Day, Year) COUNTY

26. DATE SIGNED (Month, Day, Year) 3/28/88

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert R. Wheeler, MD, 1450 Birch Ave., Cottage Grove OR 97424

31. 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.) (a) Acute myocardial infarction. DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute occlusion of coronary artery bypass graft. DUE TO, OR AS A CONSEQUENCE OF:

(c) Atherosclerotic cardiovascular disease. DUE TO, OR AS A CONSEQUENCE OF:

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) Postoperative pericardial effusion.

33. AUTOPSY Yes No

34. If YES were findings considered in determining cause of death? Yes No

35. MANNER OF DEATH Natural Pending Investigation Accident Undetermined Manner Suicide Homicide

36a. DATE OF INJURY (Month, Day, Year)

36b. TIME OF INJURY

36c. INJURY AT WORK? Yes 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

38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes No N/A No information

40. WAS GIFT MADE? Yes No N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON, COUNTY OF LANE

DATE March 29, 1988

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

David L. White Registrar of Vital Statistics

By Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

Returns: MTC

DECEDENT DECEASED POSITION CERTIFIER CAUSE OF DEATH REGISTRAR

89 APR 26 PM 4 03

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RECORDS & COMMUNICATIONS DIVISION

CLERK OF COUNTY OF KLAMATH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 26th day
of April A.D. 19 89 at 4:03 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 7097.

FEE \$13.00

Evelyn Biehn County Clerk

By Debra M. Anderson

RECORDS & COMMUNICATIONS DIVISION

CLERK OF COUNTY OF KLAMATH

7097