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41482
I.D. TAG NO.

00610
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

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136-

State File Number

1. DECEDENT'S NAME First: Frank Middle: Elmer Last: WESTON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 25, 1988
4. SOCIAL SECURITY NUMBER 540 28 6210		5a. AGE - Last Birthday (Years) 61	5b. UNDER 1 YEAR Mos. 0 Days 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <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) Cottage Grove Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Cottage Grove	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 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. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER 235 Gateway Blvd., #A	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 10th		17. INFORMANT - NAME and relationship to deceased Wilma G. Weston, Wife	
17. FATHER - NAME first middle last Elmer Earl Weston		18. MOTHER - NAME first middle maiden Oliver	
19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		20. 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	
24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. 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) <i>[Signature]</i>	
26. DATE SIGNED (Month, Day, Year) 3/28/88		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert R. Wheeler, MD, 1450 Birch Ave., Cottage Grove OR 97424		29. DATE SIGNED (Month, Day, Year) COUNTY	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31. 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.)	
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. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) Postoperative pericardial effusion.		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"/> Homicide <input type="checkbox"/> Undetermined Manner	
36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY M	
36c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36d. DESCRIBE HOW INJURY OCCURRED	
37. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38. DATE FILED (Month, Day, Year) REC'D MAR 29 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

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 *[Signature]*
Deputy Registrar

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

Return: MTC

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7098RECEIVED
COUNTY CLERK
CLERK OF DISTRICT

APR 26 1989

CLERK OF DISTRICT

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