E-3319
I.D. TAG NO.

# OREGON DEPARTMENT OF HUMAN RESOURCES
## HEALTH DIVISION
## Vital Records Unit
## CERTIFICATE OF DEATH

Local File Number — 136- — State File Number

1. DECEDENT'S NAME: First: Frank; Middle: Leslie; Last: COLBY, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 27, 1989
4. SOCIAL SECURITY NUMBER: 564-05-9745
5a. AGE - Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA
7. DATE OF BIRTH (Month, Day, Year): March 21, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER LOCATION: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hearthstone Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Resort
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lela May
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 6402 Onyx Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Frank Leslie Colby, Sr.
18. MOTHER - NAME first middle maiden: Nellie Williams
19. INFORMANT - NAME and relationship to deceased: Lela M. Colby - Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hillcrest Memorial Park and Crematory
20c. LOCATION - City or Town, State: Medford, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jed L. Kamey
21b. LICENSE NUMBER (Of Licensee): 3497
22. NAME, ADDRESS AND ZIP OF FACILITY: Conger-Morris Medford Chapel, 715 West Main St. - Medford, OR 97501
23. DATE FILED (Month, Day, Year): SEP 01 1989
24. REGISTRAR'S SIGNATURE: Celia Colvin
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

### TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:30 P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): B. Van Zee
30. DATE SIGNED (Month, Day, Year): 8/28/89

### TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Bruce E. Van Zee, M.D. - 1025 East Main Street - Medford, Oregon 97504
35. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print):

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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) Organic Brain Syndrome - Underlying Cause — Interval between onset and death: weeks
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I. Chronic Renal Failure - Dialysis
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY Ooccurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

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DATE ISSUED SEP 01 1989

Henry Collins Jr
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lela Colby the 5th day of Sept. A.D., 19 89 at 12:34 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 16635.

Evelyn Biehn, County Clerk
By Pauline Mulinder

FEE $8.00
Return: Lela Colby
6402 Onyx, Klamath Falls, Or. 97603