C 4752

OREGON DEPARTMENT OF HUMAN RESOURCES

I.D. TAG NO. 459 (Local File Number)

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- (State File Number)

1. DECEDENT'S NAME — First: Frank	Middle: D.	Last: BURTON	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): October 17, 1989		
4. SOCIAL SECURITY NUMBER: 520-20-3711	5a. AGE - Last Birthday (Years): 64	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Buffalo, Wyoming	7. DATE OF BIRTH (Month, Day, Year): September 7, 1925	

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

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 3810 Emerald Street	9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Wood Products Supervisor	10b. KIND OF BUSINESS/INDUSTRY: Lumber	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Minnie Burton		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls,
13d. STREET AND NUMBER: 3810 Emerald Street		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97601	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): 8 — College (1-4 or 5+):	

PARENTS

17. FATHER - NAME first middle last: Frank J. Burton	18. MOTHER - NAME first middle maiden: Candia E. Robinson	19. INFORMANT - NAME and relationship to deceased: Minnie Burton, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, OR.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Lee	21b. LICENSE NUMBER (Of Licensee): 3329	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): OCT 18 1989	24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO XX N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:55 AM 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): Ralph Breitenstein	
30. DATE SIGNED (Month, Day, Year): 10-18-89	

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): Ralph A. Breitenstein, M.D. 2680 Uhrmann Rd. Klamath Falls, OR

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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)	Carcinoma of pancreas	Interval between onset and death: 9 mos
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)		
PART II	OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I.	

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 OCCURRED			
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

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

DATE ISSUED OCT 18 1989

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Minnie Burton the 14th day of Nov. A.D., 19 89 at 2:57 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 21997.

Evelyn Biehn County Clerk

By Lauren Muelsander

FEE $8.00

Return: Minnie Burton
3810 Emerald, Klamath Falls, Or. 97601