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CERTIFICATION OF VITAL RECORD

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

F 1928
I.D. TAG NO.
244
Local File Number

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Frank; Middle: Joseph; Last: DVORAK
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 14, 1990
4. SOCIAL SECURITY NUMBER: 540-22-1467
5a. AGE - Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Plattsmouth, NB
7. DATE OF BIRTH (Month, Day, Year): January 23, 1918
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8b. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center
8d. COUNTY OF DEATH: Klamath
8e. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Machinist Foreman
9b. KIND OF BUSINESS/INDUSTRY: Iron / Fabrication
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SPOUSE (If Married, Widowed): Margaret Ann Dvorak
12a. RESIDENCE - STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN, OR LOCATION: Klamath Falls
12d. STREET AND NUMBER: 1004 Bismark Street
12e. INSIDE CITY LIMITS? ☒ Yes ☐ No
12f. ZIP CODE: 97601
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
14. RACE American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

16. FATHER - NAME first middle last: Antone - Dvorak
17. MOTHER - NAME first middle maiden: Frances -
18. INFORMANT - NAME and relationship to deceased: Marguret Ann Dvorak, wife

DISPOSITION

19a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
19c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reed
20b. LICENSE NUMBER (Of Licensee): 3829
20. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601
21. DATE FILED (Month, Day, Year): JUN 18 1990
22. REGISTRAR'S SIGNATURE: Nancy Kennedy
23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
24. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

25. TIME OF DEATH: 10:20 P. M
26. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
27. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Gerald Hartmann M.D.
28. DATE SIGNED (Month, Day, Year): June 18, 1990
29. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Gerald R. Hartmann, M.D., 2604 Clover Street, Klamath Falls, Oregon 97601
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

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

34. 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) Unexpected death due to natural causes — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Brainstem stroke — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Chronic Lymphocytic Leukemia — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I.

35. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
36. AUTOPSY ☐ Yes ☒ No
37. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

38. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
39a. DATE OF INJURY (Month, Day, Year)
39b. TIME OF INJURY: M
39c. INJURY AT WORK? ☐ Yes ☐ No
39d. DESCRIBE HOW INJURY occurred
39e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
39f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED JUN 18 1990

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

4.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Dvorak the 21st day of June A.D., 19 90 at 4:11 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 12304.

Evelyn Biehn - County Clerk
By Doreine Mullendore

FEE $8.00

Return: Margaret Dvorak
P.O. Box 5081, Klamath Falls, Or. 97601