					Name of the State	
	AKI TAKE	ERTIFICATION OF V	ITAL RECOR			
		ON DEPARTMENT OF HU				
	1.D. TAG NO. 7	HEALTH DIVISI Vital Records U	101	CES		
	Local File Number  1. DECEDENT'S First NAME	CERTIFICATE OF D	EATH	136-	No series	
	Frank  4. SOCIAL SECURITY NUMBER 54. AGE - Last Birth	W. OB	est ENCHAIN	2. SEX 3. D	ATE OF DEATH (Month, Day, Year)	
Z.	1 744-03-1352   (""") OE	day 5b. Under 1 Year 5c. Under 1 ( Mos. Days Hours Mins		ty and State or Foreign 7. Di	ATE OF BIRTH (Month Day Year)	
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? U.S. ARMED FORCES? HOSPITAL: Inpatier	9a. P.  11	ACE OF PERSON	, on Ja	nuary /, 1905	
<b>.</b>	Plum Ridge Health Care Contest					
2	(Give kind of work done during most of working life. Do <u>not</u> use retired.)		lamath Falls	1	TES COUNTY OF DEATH	
4	Cattle Rancher/Owner	Cattle	Marr		Klamath  Pouse (Il Married, Widoned)	
5	Oregon Klamath	13c, CITY, TOWN, OR LOCATION Bly	13d. STREE	T AND NUMBER	th C. Obenchain	
6	(Spec	DECEDENT OF HISPANIC ORIGIN?  Ify No or Yes - If yes, specify Cuban, can, Puerto Rican, etc.) (A No Yes	15. RACE American Black, White, etc	bell Road P.C	POX 6  EDENT'S EDUCATION y highest grade completed)	
PARENTS	17. FATHER - NAME first middle fast	18. MOTHER - NAME first middle	White	Elementary/Seco	ondary (0-12) College (1-4 or 5+)	
DISPOSITION	20a. METHOD OF DISPOSITION   Maurician	Caroline - Wendt	malden	Inuth C. Ohen	and relationship to deceased chain Spouse	
\$ 7	Burial ☐ Cremation ☐ Removal from State     Donation ☐ Other (Specify)	Alamath Memorial Pa	cemetary, crematory, or rk	20c LOCATION - City or T Klamath Fa	own, State	
8	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE C	OR 21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS	AND ZIP OF FACILITY	ris, Uregon	
9	23. DATE FILED (Month, Day, Year)	3287	0'Hair's	Funeral Chapat	L .	
G E	OCT 9 0 1000		<b>Y</b>	NATURE ( 7	th Falls, OR 97601	
	S. DID HOSPITAL REPRESENTATIVE MAKE REQUES  ☐ YES  ☐ NO ☐ NIA	T FOR ANATOMICAL GIFT CONSENT?	26. WAS GIFT MADE			
10	TO BE COMPLETED BY CERTIFYING PHYSICIAN					
	2:00 P. CI YOU TO WAS MEDICAL EXAMI	INER NOTIFIED?	TO BE COM	IPLETED ONLY BY MEDICA	L EXAMINER DEAD (Month, Day, Year, Hour)	
CERTIFIER	To the best of my knowledge, death occurred at the due to the cause(s) and manner stated.  (Signature)	e time, date, place and	1.1			
GERTIFIER  11  22  33.  34.  35.  36.  37.  38.  38.  38.  38.  39.  30.  30.  30.  30.  30.  30.  30	DATE SIGNED (Month, Day, Year)	M.D.	at the time, date, plac (Signature)	ation and/or investigation, is e and due to the cause(s) a	n my opinion death occurred and manner stated.	
1334.	October 20 1000					
14	13  3. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIERIMEDICAL EXAMINER (Type or Print)  14  Kenneth K. Magee M.D. 1900 Main Street Klamath Falls, Oregon 97601					
CONDITIONS !!						
RISE TO 35. II	ial Novasa cala	IE FOR (a), (b), AND (c).) Do not enter mode	of dying, e.g. Cardiac or i	Respiratory Arrest.	Interval between onset	
UNDERLYING CAUSE LAST	(b) Consequence of:				Lucie 3	
CAUSE OF					interval between onset and death	
15	United Stonificant Conditions Con				Interval between onset and death	
	- HANDE C	.#.)~ ,	In the death? Yes □ No □ Probably	M. S V	If YES were findings considered in determining cause of death?	
17	Natural Pending (Month, Day, Year)	41b. TIME OF A1c. INJURY AT WORK?	DESCRIBE HOW INJU	RY OCCURRED	□ Yes □ No □ N/A III	
Sulcide Undetermined Manner Head Manner He						
RESER	Intervention Dunding, etc. (Specific of Specific of Sp	cily)	LOCATION (Street and	Number or Rural Route Nur	Interval between onset and death  I YES were findings considered in determining cause of death?  I YES I No N/A  Yes No N/A	
The state of the s						
OF LOW	THIS IS A TRUE AND EXACT REPRODUCT REGISTERED AT THE OFFICE OF THE AL	ION OF THE GOOD WEAT OFFICE	ALIX	-		
	THE OF THE KE	MATHEOMY SEGISTATICS	COPY	- /	45.2 PERSONAL PROPERTY OF THE PERSONAL PROPERT	
	DATEISSUED OCT 2 9 10		Donna (	2 Vastino		
	DATE ISSUED OCT 2 9 19	190	DO	NNA A. VERLING JINTY REGISTRAR	OREGON S	
STATE OF OREGON	: COUNTY OF VIAMON		KLAMAT	H COUNTY, OREGON		
STATE OF OREGON: COUNTY OF KLAMATH: ss.  Filed for record at request ofRuth Obenchain						
ofNov.	Quest of Ruth Oben A.D., 19 at 3:	17	_	., 1 .		
	of at Deed	de	M., and duly r	theIst ecorded in Vol	M90 day	
FEE \$8.00		Evelyn Bi	ge	ounty Clerk	<del></del>	
Return: Ruth	0.1	By S	enn . C	ounty Class	file.	