

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

Local File Number

1. DECEDENT'S NAME		First		Middle		Last		State File Number	
Frank				W.		Obenchain		3. DATE OF DEATH (Month, Day, Year) October 27, 1990	
4. SOCIAL SECURITY NUMBER 544-05-1552		5a. AGE - Last Birthday (Years) 85		5b. Under 1 Year Mos. Days Hours Mins.		5c. Under 1 Day		2. SEX M	
6. BIRTHPLACE (City and State or Foreign Country) Jacksonville, OR		7. DATE OF BIRTH (Month, Day, Year) January 7, 1905		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. COUNTY OF DEATH Klamath	
9b. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Cattle Rancher/Owner		10b. KIND OF BUSINESS/INDUSTRY Cattle		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Ruth C. Obenchain	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Bly		13d. STREET AND NUMBER Campbell Road P.O. Box 6		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or +) 12	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97622		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		17. FATHER - NAME first middle last Frank - Obenchain	
17. FATHER - NAME first middle last Frank - Obenchain		18. MOTHER - NAME first middle maiden Caroline - Wendt		19. INFORMANT - NAME and relationship to deceased Ruth C. Obenchain Spouse		20c. LOCATION - City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		21b. LICENSE NUMBER (Of Licensee) 3287		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601		24. REGISTRAR'S SIGNATURE 	
23. DATE FILED (Month, Day, Year) OCT 29 1990		25. DID FUND REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					

CERTIFIER

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

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CAUSE OF
DEATH

CAUSE OF DEATH

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OF OREGON

Nov.

\$8.00

BOX 6.



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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED OCT 29 1990

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Ruth Obenchain
of Nov. A.D., 19 90 at 3:17 o'clock P M., and duly recorded in Vol. M90 day
of Deeds on Page 21979
FEE \$8.00

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Return: Ruth Obenchain
P.O. Box 6, Bly, Or. 97622

Evelyn Biehn County Clerk

By Darius M. Mendenhall County Clerk