

## CERTIFICATION OF VITAL RECORD

086757  
I.D. TAG NO.

490

Local File Number

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

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS

CAUSE OF DEATH

1. DECEDENT'S NAME First: Frank Middle: Last: KRIZO		2. SEX M	3. DATE OF DEATH (Month, Day, Year) Nov. 21, 1990
4. SOCIAL SECURITY NUMBER 556/22/5753	5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Or.
7. DATE OF BIRTH (Month, Day, Year) June 17, 1913		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. COUNTY OF DEATH Klamath	
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farming		10b. KIND OF BUSINESS/INDUSTRY Agriculture	
11. MARITAL STATUS - At birth, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Nellie	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Malin		13d. STREET AND NUMBER Box 41	
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	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary: <input type="checkbox"/> Secondary: (10-12) <input type="checkbox"/> College: (1-4 or 5-1) 8		17. FATHER - NAME first middle last Frank J. Krizo	
18. MOTHER - NAME first middle maiden Julia - Sutzy		19. INFORMANT - NAME and relationship to decedent Nellie Krizo / Wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. Z. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
24. DATE FILED (Month, Day, Year) NOV 26 1990		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 2300 M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. 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) <i>F. A. Marx</i>	
30. DATE SIGNED (Month, Day, Year) 11/26/90		31. TIME OF DEATH M	
32. DATE OF CERTIFICATE 11/26/90		33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <i>F. A. Marx</i>	
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)		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
(a) Metastatic Carcinomatosis undetermined		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(b) Primary		39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes, CHF		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

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DATE ISSUED NOV 26 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Nellie Krizo the 28th day of Nov. A.D., 19 90 at 3:46 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 23643.Evelyn Biehn County Clerk  
By Pauline Muckendare

FEE \$8.00

Return: Nellie Krizo  
Box 41, Malin, Or. 97623