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ID TAG NO.

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol. m91 Page. 5962

CERTIFICATE OF DEATH
ORS - 146

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)
Howard		Frank	KRAMER		2 September 25, 1987
RACE White, Black, American Indian, etc. (specify)		SEX	AGE - Last birthday (years)	Under 1 year	Under 1 day
White		Male	67	mos. mos. days	hours min.
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		DATE OF BIRTH (month, day, year)	
Phoenix		7b 510 N. Main Street #9		6 March 29, 1920	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	COUNTY OF DEATH	
Minnesota		U.S.A.	10 Married	7d Jackson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
477-28-6246		14a Wholesale Automobile Buyer		11 Arlys Elaine	
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.	ZIP
13 Nevada		15b Carson	15c Carson City	15d 3515 Imperial Way	89701
FATHER - NAME		MOTHER - NAME	INFORMANT - NAME and relationship to deceased		
15a Pete Schwendeman		17 Ramie Mackaman	18 Arlys E. Kramer wife		
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state	
19a Removal/Burial		19b Riverside National Cemetery		19c Riverside, California	
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY			
20a [Signature]		20b 2100 Siskiyou Blvd. Medford, Oregon 97504			
CERTIFICATION - MEDICAL EXAMINER					
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH RESULTED ON OR ABOUT:					
DEATH OCCURRED (Hour)		THE DECEASED WAS PRONOUNCED DEAD		FROM	
21a 8:34 A		Month Day Year		NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>	
21b 9		21c 25		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER (Signature)		NAME AND TITLE (Type or Print)		DATE SIGNED (Month, Day, Year)	
21d [Signature]		21e L.A. HELMAN, M.D.		9/26/87	
MEDICAL EXAMINER For		COUNTY		21g	
21f Jackson					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR			
22a SEP 29 1987		22b [Signature]			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)					
(a) ARTERIOSCLEROTIC HEART DISEASE					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
24 AUTOPSY (Specify Yes or No) NO					
DATE OF INJURY (Month, Day, Year)		HOUR	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)		
25a		25b	25c		
INJ. AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION (Street or R.F.D. No., City or Town, County, State)		
25d		25e	25f		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?				WAS GIFT MADE?	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE					

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

DISPOSITION

1
2
3

CERTIFIER

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

CAUSE OF DEATH

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE OCT 1 1987

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

REGISTRAR VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of A. E. Kramer the 3rd day
of April A.D., 19 91 at 11:35 o'clock A.M., and duly recorded in Vol. M91
of Deeds on Page 5962

Evelyn Biehn, County Clerk

By [Signature]

FEE \$8.00

Return: A.E. Kramer

2154 Fairmont Way, Carson City, Nv. 89706

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