

CERTIFICATION OF VITAL RECORD

F-4031
I.D. TAG NO.
425

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First Middle Last Frank Kenneth BURNS		2. SEX 57	3. DATE OF DEATH (Month, Day, Year) November 14, 1991
4. SOCIAL SECURITY NUMBER 436-44-7949		5a. AGE Last Birthday (Years) 57	5b. Under 1 Year Mos. Days Hours Mins.
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		8. BIRTHPLACE (City and State or Foreign Country) Winnsboro, LA	
7. DATE OF BIRTH (Month, Day, Year) March 7, 1934			
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			
9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			
9c. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Firefighter Instructor		10b. KIND OF BUSINESS/INDUSTRY U. S. Navy	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Florene	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Chiloquin	
13c. STREET AND NUMBER HC 63 Box 320 (Doran Road)			
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 Specify:		15. RACE American Indian, Black, White, etc (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) Postgraduate (17-24) Other (25-36) 12			
17. FATHER - NAME first middle last James - Burns		18. MOTHER - NAME first middle maiden Frankie - Elimon	
19. INFORMANT - NAME and relationship to decedent Florene Burns, wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Cremation Service		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, OR 97601	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) NOV 19 1991		24. REGISTRAR'S SIGNATURE Nancy Kennedy	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601			
30. DATE SIGNED (Month, Day, Year) November 16, 1991			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH 16:09 P		31b. DATE PRONOUNCED DEAD (Month, Day, Year) Hour November 14, 1991 16:09F	
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) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601			
33. DATE SIGNED (Month, Day, Year) November 16, 1991			
34. COUNTY Klamath			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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			
PART I (a) Rupture of Esophageal Varices			
DUE TO, OR AS A CONSEQUENCE OF:			
(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.			
Cirrhosis			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
39. If YES, were findings confirmed as determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED NOV 19 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Florene Burns the 2nd day
of December A.D., 19 91 at 4:27 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 25186Evelyn Biehn, County Clerk
By Kenneth A. Heltch

FEE \$8.00