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Vol. 94 Page 1380

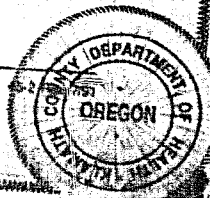
K-45882

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 135

1. DECEDENT'S NAME: Frank Tofell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 21, 1993
4. SOCIAL SECURITY NUMBER: 542-48-5928
5a. AGE (Last Birthday): 86
5b. Under 1 Year: Mos. Days Hours Mins.
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign): Minot, ND
7. DATE OF BIRTH (Month, Day, Year): November 28, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes ☒ No ☐
9. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify): FOSTER CARE
10. FACILITY NAME (If not institution, give street and number): Applegate House # 2
11. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
12. COUNTY OF DEATH: Klamath
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 6261 Juniper Way
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No ☒ Yes ☐
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+)
17. FATHER - NAME first middle last: John - Tofell
18. MOTHER - NAME first middle maiden: Marie - Raider
19. INFORMANT - NAME and relationship to decedent: Patricia Langley Daughter
20. LOCATION - City or Town, State: Malin, Oregon
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Riggs
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUL 22 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes ☐ No ☒ N/A
26. WAS GIFT MADE? Yes ☐ No ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 4:30 A.M.
28. WAS MEDICAL EXAMINER NOTIFIED? Yes ☐ 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 M.D.
30. DATE SIGNED (Month, Day, Year): 7/21/93
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): James N. Beggs M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601
32. 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.)
(a) Unknown Natural Causes
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
33. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Prostate Cancer (no mets)
34. MANNER OF DEATH: Natural ☒ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐
35. Did tobacco use contribute to the death? Yes ☐ Probably ☐ No ☒ Unknown ☐
36. AUTOPSY: Yes ☐ No ☒
37. If YES were findings considered in determining cause of death? Yes ☐ No ☐ N/A ☐
38. DATE OF INJURY (Month, Day, Year):
39. TIME OF INJURY:
40. INJURY AT WORK? Yes ☐ No ☒
41. DESCRIBE HOW INJURY OCCURRED:
42. PLACE OF INJURY: At home, farm, etc., factory, office, building, etc. (Specify):
43. LOCATION (Street and Number or Rural Route Number, City or Town, State):

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.ORIGINAL - VITAL STATISTICS COPY
DATE ISSUED: JUL 22 1993Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Klamath County Title co
of Jan A.D., 19 94 at 1:57 o'clock P.M., and duly recorded in Vol. M94
of Deeds on Page 1380

FEE \$10.00

Return: Klamath County Title co

Evelyn Biehn, County Clerk
By Doreen Mullins