

4181
TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

R48069 47521
Vital Records Unit
08-08-95P03:37 RCVD

Local File Number			State File Number		
DECEASED—NAME 1 DORIS MARIE FRINT			DATE OF DEATH (month, day, year) 2 NOVEMBER 29, 1982		
RACE White, Black, American Indian, etc. (specify) 3 WHITE		SEX 4 FEMALE	AGE—Last birthday (years) 5a 56	Under 1 year 5b mos days 5c hours min	
CITY, TOWN OR LOCATION OF DEATH 7a COOS BAY			HOSPITAL OR OTHER INSTITUTION—NAME (if not in a city, give street and number) 7b BAY AREA HOSPITAL		DATE OF BIRTH (month, day, year) 6 JANUARY 26, 1926
STATE OF BIRTH (if not in U.S.A., name country) 8 WASHINGTON			CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 MARRIED	SPOUSE (IF MARRIED, WIDOWED) 11 MARION FRINT
SOCIAL SECURITY NUMBER 13 540-20-5189			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a HOUSEWIFE		KIND OF BUSINESS OR INDUSTRY 14b HOME MAKER
RESIDENCE—STATE 15a OREGON		COUNTY 15b COOS	CITY, TOWN, OR LOCATION 15c COOS BAY	STREET AND NUMBER OR R.F.D., ZIP 15d 328 CLEVELAND ST. 97420	Inside City Limits (specify yes or no) 15e YES
FATHER—NAME first middle last 16 HARRY BRADY		MOTHER—Maiden Name first middle last 17 RUTH LEWIS		INFORMANT—NAME and relationship to deceased 18 MR. MARION FRINT—HUSBAND	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a BURIAL		CEMETERY OR CREMATORY—NAME 19b SUNSET MEMORIAL PARK CEMETERY		LOCATION city or town state 19c COOS BAY, OREGON 97420	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) 20a <i>James W. [Signature]</i>			NAME AND ADDRESS OF FACILITY 20b COOS BAY CHAPEL, BOX 749: COOS BAY, OREGON 97420		
To be Completed by Certifying Physician Only 21a (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b 12/3/82		HOUR OF DEATH 21c 1:25 A. M.
NAME AND ADDRESS OF CERTIFIER 21d DR. CHARLES COTTEL, MD 1750 W. THOMPSON ROAD COOS BAY, OR 97420			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a Dec. 16, 1982		REGISTRAR 22b (Signature) <i>Mary Claiborne</i>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>Middle-aged - recurrent abd. hernia</i>					Interval between onset and death 6 yrs.
DUE TO, OR AS A CONSEQUENCE OF: (b)					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24 NO	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 NO
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED M 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

DECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

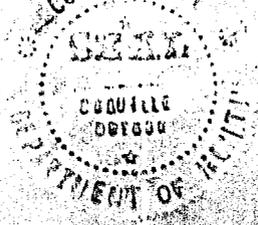
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE OF OREGON
County of Coos

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Coos County Department of Health.

NOT VALID WITHOUT RAISED SEAL OF COOS COUNTY HEALTH DEPARTMENT



Mary Claiborne
Date Dec. 8 1982

After Recording:
Blad Cooper, Attorney
122 S. 5th St.
Wiammah Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of Klamath County Title Co. the 8th day of August A.D., 19 95 at 3:37 o'clock P M., and duly recorded in Vol. m95 of Deeds on Page 21033.

FEE \$10.00

Bernetha G. Letsch, County Clerk
By *Annette Mueller*