

6350

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

Vol. M95 Page 25335

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
TRANSACTIONS  
SEE  
HANDBOOK

DECEDENT  
IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE  
HANDBOOK  
REGARDING  
APPLICATION OF  
DECEASE ITEMS

POSITION

CERTIFIER

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AFFECTING THE  
UNDERLYING  
CAUSE LAST

USE OF EATH

09-19-95P01:41 RCVD

Local File Number 0588

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 <u>Herbert</u>		<u>Vernon</u>		<u>FRYE</u>				2 <u>April 16, 1984</u>	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 <u>White</u>		4 <u>Male</u>		5a <u>66</u>		5b mos days		5c hours min	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		COUNTY OF DEATH			
7a <u>Eugene</u>		7b <u>Sacred Heart Hospital</u>		7c <u>Inpatient</u>		7d <u>Lane</u>			
STATE OF BIRTH (If not in U.S. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 <u>Kansas</u>		9 <u>USA</u>		10 <u>Married</u>		11 <u>Shirley</u>		12 <u>Yes</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 <u>560-12-2985</u>		14a <u>Service Station Owner</u>		14b <u>Service Station</u>					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify yes or no)	
15a <u>Oregon</u>		15b <u>Lane</u>		15c <u>Eugene</u>		15d <u>2580 Gilham Rd.</u>		15e <u>Yes</u>	
FATHER—NAME first middle last		MOTHER—first middle last (Maiden Name)		INFORMANT—NAME and relationship to decedent					
16 <u>Carl B. Frye</u>		17 <u>Mary - Davis</u>		18 <u>Shirley J. Frye - Wife</u>					
BURIAL, CREMATION, REMOVAL, MAIMS, (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
19a <u>Burial</u>		19b <u>Mt. Calvary Cemetery</u>		19c <u>Eugene, Oregon</u>					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a <u>Thane J. Holstrom</u>		20b <u>Poole-Larsen 1100 Charnelton St. Eugene, Oregon</u>		21b <u>4-17-84</u>		21c <u>3:40 P.</u>			
21a (Signature)		21d <u>George M. Larson D.O. 21 Hayden Bridge Wy, Springfield, Oregon</u>							
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR							
22a <u>Apr 18, 1984</u>		22b (Signature) <u>Margaret M. Rainey, Deputy</u>							
23 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) <u>Cardiac Arrest</u>				Interval between onset and death					
(b) <u>Congestive Heart Failure</u>				Interval between onset and death		<u>12 yrs</u>			
(c) <u>Rheumatic Heart Disease</u>				Interval between onset and death		<u>40 yrs</u>			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 <u>Cirrhosis of Liver</u>		24 <u>No</u>		25 <u>No</u>					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		26d			
INJURY 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 STATE	
26e		26f		26g					

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF LANE

Date April 18, 1984

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE OREGON STATE HEALTH DIVISION.

Per: Sharon L. Boles  
14325 Blackpool Road  
Westminster, CA 92683

Registrar of Vital Statistics

By Margaret M. Rainey, Deputy

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON.  
STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon L. Boles the 19th day of September A.D., 19 95 at 1:41 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 25335.

FEE \$10.00

Bernetha G. Letsch, County Clerk  
By Speltz Friday