10461

OREGON HEALTH DIVISION 95 Page 33892
CENTER FOR HEALTH STATISTICS
MT36833-HF

'95 DEC 12 P3:16

138356 ID TAG NO. 119 Local File Number

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

93-004814 State File Number

Field	Entry
1. Decedent's Name (First, Middle, Last)	Frank Ross WEAVER
2. Sex	Male
3. Date of Death	March 7, 1993
4. Social Security Number	316-16-5654
5a. Age Last Birthday (Years)	76
6. Birthplace	Chesterton, IN
7. Date of Birth	October 27, 1916
8. Was Decedent Ever in U.S. Armed Forces?	Yes
9a. Place of Death	Other: Decedent's Home
9b. Facility Name	631 South 5th Street
9c. City, Town, or Location of Death	Klamath Falls
9d. County of Death	Klamath
10a. Decedent's Usual Occupation	Policeman
10b. Kind of Business/Industry	Law Enforcement
11. Marital Status	Married
12. Spouse	Maryan V.
13a. Residence State	Oregon
13b. County	Klamath
13c. City, Town or Location	Klamath Falls
13d. Street and Number	631 South 5th Street
13e. Inside City Limits	Yes
13f. Zip Code	97601
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	College 4
17. Father - Name	Charles Bronson Weaver
18. Mother - Name	Susan Mae Coslet
19. Informant	Maryan Weaver, wife
20a. Method of Disposition	Cremation
20b. Place of Disposition	Klamath Cremation Service
20c. Location	Klamath Falls, OR 97601
21a. Signature of Funeral Service Licensee	William F. Davenport
21b. License Number	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	MAR 10 1993
24. Registrar's Signature	Charla Robinson
25. Did Hospital Representative Make Request for Anatomical Gift Consent?	NA
26. Was Gift Made?	NA
27. Time of Death	Approx 02:00 AM
28. Was Medical Examiner Notified?	Yes
29. Signature (Certifying Physician)	Jon McKellar MD
30. Date Signed	March 8, 1993
34. Name, Title, Address and Zip of Certifier	Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
36. Immediate Cause (a)	Atherosclerotic Cardiovascular Disease
(b) Due to or as a consequence of	IDDM
37. Did tobacco use contribute to death?	Yes
38. Autopsy	No
39. If yes were findings considered	NA
40. Manner of Death	Natural
41c. Injury at Work?	No

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

Return to: Mary A. Weaver 631 S. 5th St Klamath Falls, OR 97601

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED DEC 11 1995

Edward Johnson

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 12 day of Dec. A.D., 19 95 at 3:16 o'clock P. M., and duly recorded in Vol. M95, of Deeds on Page 33892.

Bernetha G. Letsch, County Clerk

By Cheryl Russell

FEE $10.00