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OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

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

93-004814

State File Number

1. DECEDENT'S NAME Frank Ross WEAVER		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 7, 1993	
4. SOCIAL SECURITY NUMBER 316-16-5654		5. AGE Last Birthday (Years) 76		6. BIRTHPLACE (City and State or Foreign Country) Chesterton, IN	
7. PLACE OF DEATH (Choose only one) ☒ Hospital ☐ Home ☐ Other		8. DATE OF BIRTH (Month, Day, Year) October 27, 1916			
9. FACILITY NAME (If not institution, give street and number) 631 South 5th Street		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USUAL OCCUPATION Policeman		13. KIND OF BUSINESS/INDUSTRY Law Enforcement		14. MARITAL STATUS - Married ☒ Single ☐ Widowed ☐ Divorced ☐ (Specify)	
15. RESIDENCE STATE Oregon		16. CITY, TOWN, OR LOCATION Klamath Falls		17. STREET AND NUMBER 631 South 5th Street	
18. ZIP CODE 97601		19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		20. RACE American Indian ☐ Black ☐ White ☒ (Specify)	
21. FATHER NAME (First, middle, last) Charles Bronson Weaver		22. MOTHER NAME (First, middle, maiden) Susan Mae Coslet		23. INFORMANT NAME and relationship to deceased Maryann Weaver, wife	
24. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		26. LOCATION City or Town, State Klamath Falls, OR 97601	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		28. LICENSE NUMBER OF Licensee 47-3104		29. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
30. DATE FILED (Month, Day, Year) MARCH 10, 1993		31. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		32. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		34. TO BE COMPLETED BY CERTIFYING PHYSICIAN: 35. TIME OF DEATH (Month, Day, Year) 02:00 A M			
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED (Signature) <i>Jon G. McKellar</i>		37. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED (Signature) <i>Jon G. McKellar</i>			
38. DATE SIGNED (Month, Day, Year) March 8, 1993		39. NAME, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR THE IN AND HIS DO NOT enter more than 10 causes) Arteriosclerotic Cardiovascular Disease			
42. DUE TO OR AS A CONSEQUENCE OF ICDM		43. DUE TO OR AS A CONSEQUENCE OF			
44. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		45. DID DECEASED USE CONTRACEPTIVE? ☒ Yes ☐ No		46. AUTOPSY ☐ Yes ☒ No	
47. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide		48. DATE OF INJURY (Month, Day, Year)		49. TIME OF INJURY	
50. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		51. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

Returns: 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

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

FEE \$10.00

By Cathy Russell