

11464  
OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

M-67 Page 219

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 396		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) James Elmer Friesen		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 40 Yrs. D. NAME OF HOSPITAL OR INSTITUTION 1717 Main St. Apt. 7		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 1717 Main St., Apt. 7	
4. DATE OF DEATH December 29, 1966	5. SEX Male	6. COLOR OR RACE Caucasian	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. Plumber (Self Emp)	9. USUAL OCCUPATION (Kind of work done during most of life) Plumber (Self Emp)	10. KIND OF BUSINESS OR INDUSTRY Pipe Fitting	11. NAME OF SPOUSE Edith C. Friesen
12. DATE OF BIRTH March 11, 1900	13. AGE LAST BIRTHDAY 66	14. BIRTHPLACE (State or Foreign Country) Canada, Manitoba	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
17. NAME OF FATHER No Record		18. MAIDEN NAME OF MOTHER Streemer	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Edith C. Friesen, wife		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) PART I: DEATH WAS CAUSED BY: Prob. Coronary Occlusion IMMEDIATE CAUSE (A): Interval Between Onset and Death (Years, days, hours, etc.) hours	
21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour Minute P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (Investigated the death of) the deceased from on Dec. 29, 1966 to (date) and that the death occurred at 2:30 p.m. from the causes and on the date stated above. (Signature) J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 12-30-66 (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 12-31-66	
30C. NAME OF CREMATORY OR CEMETERY Ashland Crematory		30D. LOCATION (City or Town) State Ashland, Ore.	
31. DATE RECEIVED BY LOCAL REGISTRAR 1-3-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, K. Falls, Ore.		34. O'Hair's	

STATE OF OREGON

County of Klamath

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

(SEAL) S. M. Kerron, M.D.  
Registrar Vital Statistics

By Deputy  
Date January 3, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH

Filed for record at request of Harriett Friesen  
this 10 day of January 1967 at 10:10 A.M., and  
duly recorded in Vol. M-67, of Deeds on Page 219  
Fee \$1.50

DOROTHY ROGERS, County Clerk

By Jane M. Mearns