LOCAL REGISTRAR'S NUMBER 146 — 44718

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH .. PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. VOL. M-70 PAGE 8009

DATE RECEIVED

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

SEP 10 3 25 PM 1970

1. NAME OF DECEASED (Type or print all entries in black ink) — First: OMA — Middle: J. — Last: BIEDERMAN

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 28 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rt. # 2 - Box # 522L

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC: Rt. # 2 - Box # 522L

4. DATE OF DEATH: Month: May — Day: 22 — Year: 1968
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-52-6548
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: Bert Biederman
12. DATE OF BIRTH: Month: May — Day: 21 — Year: 1900
13. AGE LAST BIRTHDAY: 68 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Vienna, Missouri
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: ———
17. NAME OF FATHER: Robert Terrill
18. MAIDEN NAME OF MOTHER: Edna (No record)
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Bert Biederman (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Crushe Injuries accident — Interval Between Onset and Death (Years, days, hours, etc.): 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Accidental — 2 days
DUE TO (C): ———

PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State
26. TIME OF INJURY: Hour ..... a. m. p. m. — Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from May 23, 1968 (date) to May 23, 1968 (date) and that the death occurred at 8:00 p. m. from the causes and on the date stated above.
M.D. — Klamath Falls, Oregon (Address) — 5/27/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 5/27/68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 5-23-68
32. REGISTRAR'S SIGNATURE: Marjorie Comer
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Oregon

FORM VS-2

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 Marjorie Comer
Deputy Registrar

Date May 23 1968

VOID IF ALTE

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Bert W. Biederman
on this 10th day of September A. D., 19 70
at 3:42 o'clock P M. and duly recorded in Vol. M 70 of Deeds
Page 8009

WM. D. MILNE, County Clerk
By Phyllis Bettelyon Deputy.

Fee $1.50

FORM No. 633—W
1967/SO
to gra
does

STATE OF OREGON,
County of Klamath

Filed for record at requ
JERRY DOLAN
on this 10th day of S
at 3:52 o'c
recorded in Vol. M 70
Page 8010

By

Fee, None.

SEP 10 3

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14. DISTRICT, AREA CO
USAR CONTR
16 TERMINAL DATE
DAY / MONTH
24 Apr
18. PRIOR REGULAR
NONE
21. HOME OF RECO
(Street, RFD, City, Co
4841 Lave
Klamath F
23a. SPECIALTY NU
63C20
Gen Veh R
24. DECORATION
NDSM
SPS M-14
25. EDUCATION AN
USATC FT

SERVICE DATA