2-30

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VOL. M71 PAGE 7563

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

# CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1. First: Karl Middle: Leland Last: Friedrich

DATE OF DEATH (month, day, year): 2. July 2, 1971

RACE White, Negro, American Indian, etc. (specify): 3. White

SEX: 4. Male

AGE—last birthday (years): 5a. 74 — Under 1 Year: 5b. mos. days — Under 1 Day: 5c. hours min.

DATE OF BIRTH (month, day, year): 6. July 4 1896

COUNTY OF DEATH: 7a. Lane

CITY, TOWN, OR LOCATION OF DEATH: 7b. Florence

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d. Siltcoos Lake

STATE OF BIRTH (if not in U.S.A., name of country): 8. Wisconsin

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. Ida May Friedrich

SOCIAL SECURITY NUMBER: 12. 543-10-1848

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Car Inspector

KIND OF BUSINESS OR INDUSTRY: 13b. S.P. Railroad

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Klamath

CITY, TOWN, OR LOCATION: 14c. Klamath Falls

Inside City Limits (specify yes or no): 14d. No

STREET AND NUMBER OR RFD: 14e. 3900 Greensprings Dr.

FATHER—NAME first middle last: 15. Charles E. Friedrich

MOTHER—Maiden Name first middle last: 16. Ida Katherine Matthes

INFORMANT—NAME and relationship to deceased: 17. Ida May Friedrich, wife

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. Immediate Cause (a): Coronary occlusion — approximate interval between onset and death: 5 min

due to, or as a consequence of (b): Arteriosclerosis — 5 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

due to, or as a consequence of (c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

AUTOPSY (yes or no): 19a. no

IF YES were findings considered in determining cause of death: 19b.

DATE OF INJURY (month, day, year): 20a.

HOUR: 20b. M.

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): 20c.

INJURY AT WORK (specify yes or no): 20d.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20e.

LOCATION (street or R.F.D. No., city or town, county, state): 20f.

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (hour): 21a. 10 4 M.

THE DECEDENT WAS PRONOUNCED DEAD month day year hour: 21b. 7 2 71 7:45 PM.

FROM: Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

21c. Degree or Title

CERTIFIER—SIGNATURE: 22a. F A Bower MD

NAME—(type or print): 22b. F.A. Bower, M.D.

DATE SIGNED (month, day, year): 7-3-1971

MEDICAL INVESTIGATOR: FOR: Lane COUNTY

23.

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Linkville Cemetery

LOCATION city or town state: 24c. Klamath Falls, Oregon

DATE (month, day, year): 24d. 7-7-71

FUNERAL DIRECTOR—SIGNATURE: 25a. Robert D. Stehn

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Riverside Chapel-Post Office Box 250-Florence, Oreg. 97439

REGISTRAR—SIGNATURE: 26a. Beth E Mathis, Deputy

DATE RECEIVED BY LOCAL REGISTRAR: 26b. 7/12/1971

DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE: 28.

VS-2 8-69

STATE OF OREGON )
COUNTY OF LANE )

Date 7-12-71

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.

Beth E Mathis Deputy
Registrar of Vital Statistics

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. K. L. Friedrich

this 19 day of July A. D., 19 71 at 2:30 o'clock P M., and duly recorded in Vol. M-71, of Deeds- on Page 7563

Fee 1.50

WM. D. MILNE, County Clerk

By

A-21101

July 20 10:00 A.M.

July 19 3:45

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