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23644

STATE OF OREGON–STATE HEALTH DIVISION
Vital Statistics Section

'76-017448

393
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED–NAME First / Middle / Last: 1. Margaret / Willnetta / Freuer							DATE OF DEATH (month, day, year): 2. November 18, 1976
RACE White, Negro, American Indian, etc. (specify): 3. White	SEX: 4. Female	AGE–last birthday–(years): 5a. 73	Under 1 year: mos. 5b.	days	Under 1 day: hours 5c.	min.	DATE OF BIRTH (month, day, year): 6. June 13, 1903
COUNTY OF DEATH: 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH: 7b. Klamath Falls		Inside City Limits (specify yes or no): 7c. No		HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): 7d. So.Poe Valley Rd.15 mi.East of Klamath Falls		
STATE OF BIRTH (if not in U.S.A., name of country): 8. California	CITIZEN OF WHAT COUNTRY: 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Widowed	NAME OF SPOUSE: 11. –				
SOCIAL SECURITY NUMBER: 12. 543-50-2861	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Homemaker		KIND OF BUSINESS OR INDUSTRY: 13b. –				
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. Rt. 2, Box 788			
FATHER–NAME first middle last: 15. – Tallman	MOTHER–Maiden Name first middle last: 16. Juniata Storey	INFORMANT–Name and relationship to deceased: 17. Ted Freuer, Son					

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

18. Immediate Cause
(a) Multiple fractured ribs with flail chest — minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
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. Yes
IF YES were findings considered in determining cause of death: 19b. Yes

DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20a. Nov. 18, 1976	20b. 4:50pm	20c. Driver of single car-auto accident

INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)
20d. No	20e. Highway	20f. So.Poe Valley Rd., 15 mi. East of Klamath Fall, Klamath, Oregon

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour)	THE DECEDENT WAS PRONOUNCED DEAD month day year hour	FROM:			
21a. 5:00 p. M.	21b. November 18, 1976 5:15 p. M.	21c.	Natural Causes ☐	Accident ☒	Suicide ☐
			Homicide ☐	Undetermined ☐	Pending ☐

CERTIFIER–SIGNATURE	NAME–(type or print) Degree or Title
22a. Veldon C Boge Md	22b. Veldon C. Boge M.D.
MEDICAL INVESTIGATOR: FOR: 23. Klamath COUNTY	DATE SIGNED (month, day, year): November 26, 1976

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY–NAME	LOCATION city or town state	DATE (month, day, year)
24a. Burial	24b. Bedfield Cemetery	24c. So. Poe Valley, Oregon	24d. Nov.23,1976

FUNERAL DIRECTOR–SIGNATURE	FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip)
25a. Floyd C Lancaster	25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls,Ore 97601

REGISTRAR–SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. Marian Scheuman	26b. Nov. 26, 1976	27. DEC 13 1976

RESERVED FOR REGISTRAR'S USE
28

DATE ISSUED DECEMBER 27 1976

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Pub: Sanong & Sizemore
540 Main
103

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of January A.D., 19 77 at 2:48 o'clock P M., and duly recorded in Vol M77, of Deeds on Page 60.

FEE $3.00

WM. D. MILNE, County Clerk
By Hazel Deazle Deputy

OR 3.00

STATE OF
Filed for rec
this 4th