36845 CERTIFIED COPY OF DEATH RECORD Vol. M77 Page 18967

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STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

Local File Number 1103

CERTIFICATE OF DEATH

State File Number

DECEASED–NAME 1. First: Chester	Middle: Earl	Last: Freeman				DATE OF DEATH (month, day, year) 2. Sept.10,1977
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE–last birthday (years) 5a. 57	Under 1 year: mos. 5b.	days	Under 1 day: hours 5c.	min.	DATE OF BIRTH (month, day, year) 6. May 31,1920
COUNTY OF DEATH 7a. Marion	CITY, TOWN, OR LOCATION OF DEATH 7b. Salem, Oregon	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number) 7d. 260 12th St. S.E.			
STATE OF BIRTH (if not in U.S.A., name of country) 8. Ohio	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Susie			
SOCIAL SECURITY NUMBER 12. 290-07-3227	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Painter	KIND OF BUSINESS OR INDUSTRY 13b. Painting Contractor				
RESIDENCE–STATE 14a. Oregon	COUNTY 14b. Polk	CITY, TOWN, OR LOCATION 14c. Independence	Inside City Limits (specify yes or no) 14d. No	STREET AND NUMBER OR RFD 14e. Rt. 1 Box 9		
FATHER–NAME first middle last 15. Richard - Freeman	MOTHER–Maiden Name first middle last 16. Magie - Creech	INFORMANT–Name and relationship to deceased 17. Susie Freeman (Wife)				

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) Electrocution — instant

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

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. Sept 10 77	HOUR 20b. 3:50 P	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) 20c. Contracted high voltage wire with aluminum paint roller handle.	
INJURY AT WORK (specify yes or no) 20d. Yes	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20e. power house	LOCATION (street or R.F.D. No., city or town, county, state) 20f. State heating plant 12th + Ferry Salem.	

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) 21a. 3:50 P M.	THE DECEDENT WAS PRONOUNCED DEAD month day year hour 21b. Sept 10 77 4:15 P M.	FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐ 21c.	
CERTIFIER–SIGNATURE 22a. Warren E Crothers	NAME–(type or print) 22b. M. K. Crothers	Degree or Title MD	
MEDICAL INVESTIGATOR: FOR: 23. Marion COUNTY	DATE SIGNED (month, day, year) Sept 12, 1977		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY–NAME 24b. Hilltop Cemetery	LOCATION city or town state 24c. Independence Oregon	DATE (month, day, year) 24d. Sept. 14, 1977
FUNERAL DIRECTOR–SIGNATURE 25a. Warren Parmenter	FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip) 25b. Parmenter Mortuary 410 Monmouth St. Independence, Oregon 97351		
REGISTRAR–SIGNATURE 26a. Grace Tomlin	DATE RECEIVED BY LOCAL REGISTRAR 26b. Sept. 15, 1977	DATE RECEIVED BY STATE REGISTRAR 27.	

RESERVED FOR REGISTRAR'S USE 28

VS-107 REV. - 2-73

ORIGINAL–VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

S E A L
VOID IF ALTERED

Rt. 1 Box 9 Susie L. Freeman
Apt 1379
Independence, Ore
97351

REGISTRAR OF VITAL STATISTICS

DATE 9-15-77 By Grace Tomlin DEPUTY

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of OCTOBER A.D., 19 77 at 12;23 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 18967.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy