42071

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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Local File Number: 213

CERTIFICATE OF DEATH

State File Number:

DECEASED

1. Deceased—Name: First FRED, Middle ADAM, Last ALBERS
2. Date of Death (month, day, year): June 29, 1977
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age—Last birthday (years): 76
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. Date of Birth (month, day, year): September 2, 1900
7a. County of Death: Klamath
7b. City, Town, or Location of Death: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. Hospital or Other Institution—Name (if not in either, give street and number): 4456 Arthur St.
8. State of Birth (if not in U.S.A., name country): Kansas
9. Citizen of What Country: USA
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Name of Spouse: Georgia Mae Albers
12. Social Security Number: 543 - 05 - 2874
13a. Usual Occupation (give kind of work done during most of working life, even if retired): Butcher - Retired
13b. Kind of Business or Industry: Meat Packing

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. Residence—State: Oregon
14b. County: Klamath
14c. City, Town, or Location: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. Street and Number or R.F.D.: 4456 Arthur St. X
15. Father—Name (first, middle, last): John Albers
16. Mother—Maiden Name (first, middle, last): Mary Hendricks
17. Informant—Name and relationship to deceased: Georgia M. Albers - Wife

CAUSE

Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

18.	Cause	Approximate interval between onset and death
Immediate cause (a)	MYOCARDIAL INFARCTION	HOURS
Due to, or as a consequence of: (b)	OLD ANTERIOR MYOCARDIAL INFARCTION	1959
Due to, or as a consequence of: (c)		

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

Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a): OLD ABDOMINAL ANEURISM, HYPERTENSION

19a. Autopsy (yes or no): No
19b. If yes were findings considered in determining cause of death:

20a. Accident (specify yes or no): No
20b. Date of Injury (month, day, year):
20c. Hour: M.
20d. How Injury Occurred (enter nature of injury in part I or part II, item 18):
20e. Injury at Work (specify yes or no):
20f. Place of Injury at home, farm, street, factory, office bldg., etc. (specify):
20g. Location (street or R.F.D. No., city or town, county, state):

21. Certification—Physician: I attended the deceased from 11-7-71 to 6-28-77. And last saw him/her alive on 6-28-77. I Did/Did Not view the body after death (specify). Death occurred 6:00 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. Physician—Signature: [signature]
22b. Name (type or print): Everett E. Howard — Degree or Title: M.D.
22c. Date Signed (month, day, year): 6-30-77
23. Mailing Address—Physician: 2622 Campus Drive - Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Cremation
24b. Cemetery or Crematory—Name: Eternal Hills
24c. Location: Klamath Falls, Oreg.
24d. Date (mo., day, year): June 29, 1977
25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address: WARDS - 1945 Main - Klamath Falls, Oregon 97601
26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: JUN 30 1977
27. Date Received by State Registrar:
28. Reserved for Registrar's Use

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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.

MARJORIE S. COMER, Registrar Vital Statistics

(SEAL)

By [signature], Deputy Registrar

Date JUL 1 1977 19

VOID IF ALTERED

$3.00 cash

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 19 78 at 11:41 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 1359.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00