

44144

CERTIFIED COPY OF DEATH RECORD

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STATE OF OREGON

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

Vital Statistics Section

Vol. M Page 78

4200

Local File Number

CERTIFICATE OF DEATH

State File Number

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DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
Robert C. Friesen					January 22, 1978	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
White		Male	53	MOS.	DAY	April 8, 1924
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)		
Tillamook		Cloverdale		Mi. Post 88.1 Hwy 101		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SPOUSE (IF MARRIED, WIDOWED)		IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)
Oregon		U.S.A.	Married	Harriet A..		7D— 10— 11— 12— 13— 14— 15— 16— 17— 18— 19— 20— 21— 22— 23— 24— 25— 26— 27— 28— 29— 30— 31— 32— 33— 34— 35— 36— 37— 38— 39— 40— 41— 42— 43— 44— 45— 46— 47— 48— 49— 50— 51— 52— 53— 54— 55— 56— 57— 58— 59— 60— 61— 62— 63— 64— 65— 66— 67— 68— 69— 70— 71— 72— 73— 74— 75— 76— 77— 78— 79— 80— 81— 82— 83— 84— 85— 86— 87— 88— 89— 90— 91— 92— 93— 94— 95— 96— 97— 98— 99— 100—
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
540-26-3622		Mechanical Contractor		Contractor		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)
Oregon		Klamath	Klamath Falls	1715 Main St.		Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED		
James E. Friesen		Edith Bergstrom		Harriet Friesen - Wife		
BURIAL, CREMATION, REMOVAL, MAUS., (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
Mausoleum		Eternal Hills Mausoleum		Klamath Falls, Oregon		
FUNERAL SERVICE LICENSES OR PERSON ACTING AS SUCH—SIGNATURE		NAME AND ADDRESS OF FACILITY				
Thomas A. Haid		O'Hair's Funeral Chapel-Klamath Falls, Oregon				
CERTIFICATION—MEDICAL EXAMINER						
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)		FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/>		
12:30 A.M.		Jan 22 1978 1:30 M.		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		
CERTIFIER—SIGNATURE		NAME—(TYPE OR PRINT)		DEGREE OR TITLE		
Lyle R. Mohr MD.		Lyle R. Mohr		M.D.		
MEDICAL EXAMINER FOR: Tillamook		COUNTY		DATE SIGNED (MONTH, DAY, YEAR)		
				Jan 23, 1978		
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)		REGISTRAR				
1-24-78		Marjorie Hitzel				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C.))						
(A)		Drowning				
(B)		Automobile Accident				
(C)						
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
None.						
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
Jan 21, 1978		11:50 AM		Multiple Trauma with auto partially immersed		
INJ. 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)		
No		Rural		1 mi. South of Cloverdale on Hwy. 101		
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

VB-107 REV. 1-78

STATE OF OREGON
COUNTY OF TILLAMOOKReturn
Thomas Beasley & Couch
930 Klamath
City

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Tillamook County Health Department.

(SEAL)

VOID IF ALTERED

Marjorie Hitzel
Registrar of Vital Statistics

By

Date Jan 24, 1978

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of March A.D., 1978 at 2:23 o'clock P.M., and duly recorded in Vol M78 of Deeds on Page 4200.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha J. Spetch Deputy