Vital Statistics Section

Local File Number 2556

CERTIFICATE OF DEATH

State File Number 78-008220

DECEASED—NAME 1 First: Harold	Middle: Richard	Last: Freeman		DATE OF DEATH (month, day, year) 2 May 14, 1978	
RACE White, Black, American Indian, etc.(specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 62	Under 1 year: mos. / days; Under 1 day: hours / min.	DATE OF BIRTH (month, day, year) 6 April 11, 1916	
COUNTY OF DEATH 7a Multnomah	CITY, TOWN OR LOCATION OF DEATH 7b Portland	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c University Hospital South		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A., name country) 8 Missouri	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Jean Freeman	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 519-12-6124	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Farmer	KIND OF BUSINESS OR INDUSTRY 14b Farming			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Malin X	STREET AND NUMBER OR R.F.D., ZIP 15d Box 94 97632	Inside City Limits (specify yes or no) 15e No	
FATHER—NAME first middle last 16 Benjamin Franklin Freeman	MOTHER—Maiden Name first middle last 17 Ruth Ann Jackson	INFORMANT—NAME and relationship to deceased 18 Jack Freeman - Son			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Malin Community Cemetery	LOCATION city or town state 19c Malin Oregon			
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a Ron Ballard	NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, Inc. 715 Pine, Klamath Falls, OR				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated,
21a [Signature] D. Mundy M.D.
DATE SIGNED (Mo., Day, Yr.) 21b 5/15/78
HOUR OF DEATH 21c 5:25 PM
NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d Lane Mundy M.D. 3131 SW Sam Jackson Park Road, Portland, Oregon 97201
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a MAY 19 1978
REGISTRAR 22b [Signature]

PART I

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	Cardiac arrest	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metastatic carcinoma, pancreas	
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 (Specify Yes or No) 24 No
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c AM	26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. / CITY OR TOWN / STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

'78 OCT 27 AM 11

DATE ISSUED JULY 1978

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.

Return To: T/A Malin

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of October A.D., 19 78 at 11:13 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 24241.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Nelson Deputy