60192

CERTIFICATE OF DEATH

Vol. M78 Page 28688

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

8000

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a NAME OF DECEASED—FIRST NAME: AKA Mary / Marion
1b MIDDLE NAME: Josephine K.
1c LAST NAME: Freeman / Freeman
2a DATE OF DEATH: June 2, 1977
2b HOUR: 3:45 P.M.
3 SEX: Female
4 COLOR OR RACE: Caucasian
5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Washington
6 DATE OF BIRTH: April 5, 1908
7 AGE: 69 YEARS
8 NAME AND BIRTHPLACE OF FATHER: John M. Knaggs - Wisconsin
9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Sadie Hoover - Iowa
10 CITIZEN OF WHAT COUNTRY: U.S.A.
11 SOCIAL SECURITY NUMBER: 567-20-0305
12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13 NAME OF SURVIVING SPOUSE: Robert E. Freeman
14 LAST OCCUPATION: Clerk
15 NUMBER OF YEARS IN THIS OCCUPATION: 24
16 NAME OF LAST EMPLOYING COMPANY OR FIRM: Convair
17 KIND OF INDUSTRY OR BUSINESS: Aero Space
18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: El Cajon Valley Hospital
18b STREET ADDRESS: 1688 East Main Street
18c CITY OR TOWN: El Cajon 92021
18d COUNTY: San Diego
Yes
53 YEARS — 53 YEARS
19a USUAL RESIDENCE—STREET ADDRESS: 8235 Medill Avenue
19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19c CITY OR TOWN: El Cajon
19d COUNTY: San Diego
19e STATE: California
20 NAME AND MAILING ADDRESS OF INFORMANT: Robert E. Freeman, 8235 Medill Avenue, El Cajon, Calif. 92021
21a CORONER
21b PHYSICIAN: FROM 5-21-66 TO 6-2-77 LAST SAW 5-26-77
21c PHYSICIAN OR CORONER: E. J. Mogavero MD — DATE 6-3-77
21e ADDRESS: Dr. Mogavero, 3846 Highland S.D. — D-C10868
22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b DATE: 6-6-77
23 NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24 EMBALMER: John Edward Mayer #6428 By Pat Byrd Atty IN Fact
25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Greenwood Mortuary
26 IF NOT CERTIFIED BY CORONER WAS DEATH REPORTED TO CORONER: Yes
27 LOCAL REGISTRAR: John R. Philp MD — JUN 3 1977

29 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Massive Myocardial Infarct — Instant
DUE TO, OR AS A CONSEQUENCE OF (B) Coronary Artery Disease — 14 yrs
DUE TO, OR AS A CONSEQUENCE OF (C) Hypertensive Cardio Vasc Disease — 17 yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

30 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: Diabetes Mellitus
31: no — no
33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34 PLACE OF INJURY
35 INJURY AT WORK
36 DATE OF INJURY
37a PLACE OF INJURY
40 DESCRIBE HOW INJURY OCCURRED

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.
FEE PAID: $2.00
DATED: JUN 6 1977
John R. Philp MD, DIRECTOR, SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, 1600 PACIFIC HWY, SAN DIEGO, CA 92101

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 December A.D., 19 78 at 8:38 o'clock A.M., and duly recorded in Vol M-78 of Deeds on Page 28688.

FEE $3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Metlen Deputy