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Vol. M Page 6343

## CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number	
1 FRIEDA B. WILSON					2 December 25, 1978	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Female	5a 77		6 August 7, 1901	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7d DOA Emer Rm
7a Klamath		7b Klamath Falls		7c Intercommunity Hospital		
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		7e HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)
8 Indiana		9 U. S. A.		10 Widowed		7f WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working, life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		12 No
13 569 34 1306		14a Housewife		11 Frank Wilson		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15 Oregon		15b Klamath	15c Klamath Falls		14b Homemaking	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
16 Mark - LaMonoth		17 Lenora - Webber		15d 1752 Kimberly Drive		15e No
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Valhalla Cemetery		19c North Hollywood, California		
FUNERAL SERVICE LICENSEE Or person Acting As Such		NAME AND ADDRESS OF FACILITY		DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD,		
20a William J. Stewart		20b 6420 South Sixth Street,		Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature] D. Seeley		21b 12/28/78		21c 9:58 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d DAVE SEELEY, MD, Medical Dental Building, 905 Main Street, Klamath Falls, Oregon				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JAN 2 1979		22b [Signature] Marian Ackerman				
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		Interval between onset and death		
(a) CAROTID INFARCT				IMMEDIATE		
(b) Coronary Artery Disease				years.		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
23 Cerebrovascular insult / hypothyroidism		24 No		25 Yes		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
26e		26f		26g		
RESERVED FOR REGISTRAR'S USE						

VS-2 Rev-1-78 P-65412

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar  
Date JAN 3 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of March A.D., 19 79 at 8:40 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 6343.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha D. Letcher DeputyReturn to  
D.L. HOOTS  
HOOTS & WERLINGS  
2261 S. 6th, #3  
Klamath Falls,