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70257

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

78-017837

411
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 First: LELA	Middle: W.	Last: FREELAND	DATE OF DEATH (month, day, year) 2: November 8, 1978				
RACE White, Black, American Indian, etc.(specify) 3: White	SEX 4: Female	AGE—Last birthday (years) 5a: 78	Under 1 year: mos. / days 5b	Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year) 6: July 28, 1900		
COUNTY OF DEATH 7a: Klamath	CITY, TOWN OR LOCATION OF DEATH 7b: Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c: Presbyterian Intercommunity	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: Oregon	CITIZEN OF WHAT COUNTRY 9: USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married	SPOUSE (IF MARRIED, WIDOWED) 11: David Freeland	WAS DECEDENT EVER IN U.S ARMED FORCES? [Specify Yes or No] 12: No			
SOCIAL SECURITY NUMBER 13: 567 - 03 - 3180 - A	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Housewife	KIND OF BUSINESS OR INDUSTRY 14b: At home					
RESIDENCE—STATE 15a: Oregon	COUNTY 15b: Klamath	CITY, TOWN, OR LOCATION 15c: Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d: 1611 Summers Lane 97601	Inside City Limits (specify yes or no) 15e: No			
FATHER—NAME first middle last 16: Perle - Wise	MOTHER—Maiden Name first middle last 17: Ione - Kirk	INFORMANT—NAME and relationship to deceased 18: Arlene Turner (Daughter)					
BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a: Cremation	CEMETERY OR CREMATORY—NAME 19b: Eternal Hills Crematorium	LOCATION city or town state 19c: Klamath Falls, Oregon 97601					
FUNERAL SERVICE LICENSEE or person Acting As Such [Signature] 20a: [signature]	NAME AND ADDRESS OF FACILITY 20b: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601						
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]: E.E. Howard M.D.	DATE SIGNED [Mo., Day, Yr.] 21b: 11-9-78	HOUR OF DEATH 21c: 10:00 A. M					
NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: E.E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:							
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: NOV 13 1978	REGISTRAR 22b [Signature]: Marian Johnson						

PART I — ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].

		Interval between onset and death
23 (a) IMMEDIATE CAUSE	ACUTE ANTERIOR INFARCTION	24 HOURS
(b) DUE TO, OR AS A CONSEQUENCE OF:	HYPERTENSION	
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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] 26a:	DATE OF INJURY [Mo, Day, Yr.] 26b:	HOUR OF INJURY 26c: M	DESCRIBE HOW INJURY OCCURRED 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

DATE ISSUED DECEMBER 26 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.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of July A.D., 19 79 at 12:02 o'clock P. M., and duly recorded in Vol M79, of Deeds on Page 16109.

FEE $3.00

WM. D. MILNE, County Clerk

By Beverly A. Deutsch Deputy