83344

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

CERTIFICATE OF DEATH

DECEASED—NAME	First	Middle	Last	State File Number
1	CLARENCE	BENJAMIN	FRIEND	DATE OF DEATH (month, day, year)

RACE White, Black, American Indian, etc. (specify)
3 White

SEX
4 Male

AGE—Last birthday (years) 5a 71

Under 1 year 5b mos. / days

Under 1 day 5c hours / min.

2 DATE OF DEATH: March 27, 1980

6 DATE OF BIRTH (month, day, year): December 13, 1908

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer., Pm., Inpatient (Specify)
7a Jackson	7b Medford	7c Rogue Valley Hospital	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 Clausie B. Friend

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
12 No

SOCIAL SECURITY NUMBER
13 543-10-1273

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
14a Millworker — retired

KIND OF BUSINESS OR INDUSTRY
14b Saw Mills

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 5612 Balsam Drive 97601	15e No

FATHER—NAME first middle last
16 William H. Friend

MOTHER—Maiden Name first middle last
17 Margaret Nodine

INFORMANT—NAME and relationship to deceased
18 Clausie B. Friend (Wife)

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
19a Mausoleum

CEMETERY OR CREMATORY—NAME
19b Haven of Rest

LOCATION city or town state
19c Klamath Falls, Oregon 97501

FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]
20a Beverly Morris

NAME AND ADDRESS OF FACILITY
20b Wards Funeral Home Inc. 1945 Main Street Klamath Falls, Oregon

21a [Signature] To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, Hildreth

DATE SIGNED (Mo., Day, Yr.) 3-7-80

HOUR OF DEATH 21c 11:55 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Douglas Hildreth, M.D. 625 East Main, Medford, Oregon 97501

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a APR 10 1980

23 PART I IMMEDIATE CAUSE		Interval between onset and death
(a) SEPSIS		
DUE TO, OR AS A CONSEQUENCE OF:		
(b) RENAL FAILURE		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		
(c) Aortic aneurysm		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) 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No) 26a No	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 No	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

STATE OF OREGON   CERTIFIED COPY OF DEATH RECORD.   COUNTY OF JACKSON

VS-2 Rev-1-78 P-65412

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE APR 10 1980

(SEAL)

BY: Joy Millard

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of April A.D., 19 80 at 12:02 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 7271.

FEE $3.50

WM. D. MILNE, County Clerk
By Lunetha Shiloch Deputy