

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME FIRST MIDDLE LAST FREDERICK AUGUST SCHUMANN			DATE OF DEATH (MONTH, DAY, YEAR) May 13, 1980		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE—LAST BIRTHDAY (YEARS) 59	UNDER 1 YEAR MOSE DAYS 58	UNDER 1 DAY HOURS MIN. 58
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) 12 Gravel Pit - Balsam Dr.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Wisconsin		CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Violet Schumann	
SOCIAL SECURITY NUMBER 377-18-5246		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Foreman		KIND OF BUSINESS OR INDUSTRY Pacific Power & Light Co.	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. Rt. 3 - Box 245		INSIDE CITY LIMITS (SPECIFY YES OR NO) No
FATHER—NAME FIRST MIDDLE LAST Frederick A. Schumann		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Anna - Schneider		INFORMANT—NAME AND RELATIONSHIP TO DECEASED Violet Schumann (Wife)	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Cremation		CEMETERY OR CREMATORY—NAME Eternal Hills Crematorium		LOCATION CITY OR TOWN STATE Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601					
CERTIFICATION—MEDICAL EXAMINER					
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:					
DEATH OCCURRED (HOUR) 8:00 A.M.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) May 11, 1980	FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		
CERTIFIER—SIGNATURE <i>[Signature]</i>		NAME—(TYPE OR PRINT) M.D. George R. Nicholson, M.D.		DEGREE OR TITLE	
MEDICAL EXAMINER Klamath		DATE SIGNED (MONTH, DAY, YEAR) May 16, 1980			
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) May 19, 1980		REGISTRAR <i>[Signature]</i>			
PART I IMMEDIATE CAUSE (A) Probable Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH seconds			
(B) Diffuse Myocardopathy		INTERVAL BETWEEN ONSET AND DEATH hrs			
(C) Chronic Ethanolism		INTERVAL BETWEEN ONSET AND DEATH hrs			
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) No			
DATE OF INJURY (MONTH, DAY, YEAR) 25A		HOUR 25B	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25C		
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25D		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25E			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

VS-197 REV. 1-79

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *[Signature]* Deputy Registrar
Date **MAY 19 1980**

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 20th day of May A.D., 1980 at 2:37 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 9236.

FEE \$3.50

WM. D. MILNE, County Clerk

By *[Signature]* Deputy