

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 page 9078

9078

TYPE
PRINT
IN
MARGENT
BLACK
BOX
FOR
INSTRUCTIONS
SEE
BOOK

Local File Number 257		State File Number	
DECEASED—NAME First Middle Last FREDRICK THOMAS WEBBER		DATE OF DEATH (month, day, year) July 12, 1982	
1 RACE White, Black, American Indian, etc. (specify) White		DATE OF BIRTH (month, day, year) January 1, 1914	
2 SEX Male		3 AGE—Last birthday (years) 68	
4 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		5 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Mt. View Care Center	
6 STATE OF BIRTH (if not in U.S.A., name country) Iowa		7a CITIZEN OF WHAT COUNTRY U.S.A.	
7b SOCIAL SECURITY NUMBER 468-03-0142		7c USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Sporting Goods Salesman	
8 RESIDENCE—STATE Oregon		9 COUNTY Klamath	
10 CITY, TOWN, OR LOCATION Klamath Falls		11 STREET AND NUMBER OR R.F.D., ZIP 1905 Etna Street 97601	
12 FATHER—NAME first middle last George Thomas Webber		13 MOTHER—Maiden Name first middle last Gertrude Minard	
14 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		15 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
16 FUNERAL SERVICE LICENSEE OR Person Acting As Such William J. Davenport		17 NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
18 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: Respiratory arrest		19 DATE SIGNED (Mo., Day, Yr.) 7-13-82	
20a 21a (Signature) Mark S. Kochevar MD		20b 21b (Signature) Charles Francis	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 14 1982		22b REGISTRAR (Signature) Charles Francis	
23 IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory arrest		Interval between onset and death 15 min	
(b) DUE TO, OR AS A CONSEQUENCE OF: Cerebrovascular accident, left		Interval between onset and death 2 days	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Generalized arteriosclerosis		Interval between onset and death 20 years	
24 AUTOPSY (Specify Yes or No) No		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a ACCIDENT (Specify Yes or No) No		26b DATE OF INJURY (Mo., Day, Yr.)	
26c HOUR OF INJURY		26d M	
26e INJURY AT WORK (Specify Yes or No) No		26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26g LOCATION		26h STREET OR R.F.D. NO.	
26i CITY OR TOWN		26j STATE	

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 Charles Francis, Deputy Registrar
Date **JUL 14 1982**

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

16 day of July A.D., 1982 at 9:11 o'clock A M., and duly recorded in

Vol M 82, of Deeds on page 9078.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By John McChesney deputy