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26869 Vol. M83 Page 13366

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

1002 — Local File Number

CERTIFICATE OF DEATH

'77 - 127 - 1 — State File Number

DECEASED—NAME: 1. First: IRENE Middle: BERTHA Last: FROEMKE

2. DATE OF DEATH (month, day, year): August 24, 1977

3. RACE (White, Negro, American Indian, etc. (specify)): white

4. SEX: female

5a. AGE—Last birthday (years): 64

5b. Under 1 year — mos. / days

5c. Under 1 day — hours / min.

6. DATE OF BIRTH (month, day, year): November 14, 1912

7a. COUNTY OF DEATH: Marion

7b. CITY, TOWN, OR LOCATION OF DEATH: Salem

7c. Inside City Limits (specify yes or no): yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): South Salem Nursing Home

8. STATE OF BIRTH (If not in U.S.A., name country): Oregon

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): divorced

11. NAME OF SPOUSE: -

12. SOCIAL SECURITY NUMBER: 541-14-5494

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife

13b. KIND OF BUSINESS OR INDUSTRY: own home

14a. RESIDENCE—STATE: Oregon

14b. COUNTY: Marion

14c. CITY, TOWN, OR LOCATION: Salem

14d. Inside City Limits (specify yes or no): yes

14e. STREET AND NUMBER OR R.F.D.: 4120 Kurth St. S.

15. FATHER—NAME first middle last: Wallace O. Witham

16. MOTHER—Maiden Name first middle last: Anna Miller

17. INFORMANT—NAME and relationship to deceased: Mrs. Nola D. Crook - daughter

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause — (a): Terminal Bronchopneumonia 48 hrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b) due to, or as a consequence of: Foreign Lesions (Possible tumor) 10 yrs

(c): Gen. diffused sclerosis 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): no

19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)

20b. DATE OF INJURY (month, day, year)

20c. HOUR

20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

20e. INJURY AT WORK (specify yes or no)

20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)

20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year To month day year

And Last Saw Him/Her Alive on: month day year

I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour): 7:45 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN'S SIGNATURE: Lucille L. Fortner

22b. NAME (type or print): Lucille L. Fortner M.D (degree or title)

22c. DATE SIGNED (month, day, year): Aug 25-1977

22d. ADDRESS—PHYSICIAN: 1560 State St (street) Salem (city or town) Ore (state) 97301 (zip)

23a. BURIAL, CREMATION, REMOVAL: Cremation

23b. CEMETERY OR CREMATORY—NAME: City View Cemetery

24c. LOCATION (city or town, state): Salem, Oregon

24d. DATE (mo., day, year): 8-25-1977

25a. FUNERAL DIRECTOR—SIGNATURE: [signature]

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): V. T. Golden Mortuary Inc. Salem, Oregon 97301 — 605 Commercial St. S.E.

26a. REGISTRAR'S SIGNATURE: Irene Hamlin

26b. DATE RECEIVED BY LOCAL REGISTRAR: Aug. 25, 1977

26c. DATE RECEIVED BY STATE REGISTRAR: SEP 7 1977

CASED

I residence e deceased . If dea red in insti n, give ence before sion.

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