

29218 **CERTIFICATE OF DEATH**

RETURN TO: Mike Ratliff  
228 N. 7th  
Klamath Falls, OR

Vital Records Unit

Vol. M83, Page 17330

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
  
FOR  
INSTRUCTIONS  
SEE  
HDBOOK

EDENT  
DEATH  
OCCURRED IN  
HOSPITAL,  
NURSING  
HOME,  
OR  
OTHER  
INSTITUTION  
OR  
AT HOME  
OR  
OTHER  
PLACE

POSITION

CERTIFIER

NOTATIONS  
IF ANY  
DOCTOR  
GAVE  
CERTIFICATE  
TO  
MEDIATE  
CAUSE  
OF  
DEATH  
OR  
THE  
UNDERLYING  
CAUSE  
OF  
DEATH  
USE  
LAST

SE OF  
ATH

|   |                        |  |
|---|------------------------|--|
| 1 DECEASED—NAME<br>First Middle Last<br><u>Dicksy O. Freeman</u>  |                        | 2 DATE OF DEATH (month, day, year)<br><u>May 15, 1983</u>  |
| 3 RACE White, Black, American Indian, etc. (specify)<br><u>White</u>  | 4 SEX<br><u>Female</u> | 5a AGE—Last birthday (years)<br><u>69</u>  |
| 6 CITY, TOWN OR LOCATION OF DEATH<br><u>Klamath Falls</u>   |                        | 7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)<br><u>1866 Summers Lane</u> |
| 7b STATE OF BIRTH (If not in U.S.A., name country)<br><u>Washington</u>   |                        | 7c IF HOSP. OR INST. Indicate DOA, OPEmer., Rm., Inpatient (Specify)<br><u>No</u>                            |
| 8 SOCIAL SECURITY NUMBER<br><u>540-28-7363-A</u>  |                        | 9 CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |
| 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>   |                        | 11 SPOUSE (IF MARRIED, WIDOWED)<br><u>No</u>   |
| 12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)<br><u>Office Manager</u>                          |                        | 13 KIND OF BUSINESS OR INDUSTRY<br><u>Western Polymer-Potatoe Starch</u>                                     |
| 14a RESIDENCE—STATE<br><u>Oregon</u>  |                        | 14b CITY, TOWN, OR LOCATION<br><u>Klamath Falls</u>  |
| 15a FATHER—NAME first middle last<br><u>Clarence O. Dryden</u>  |                        | 15b MOTHER—Maiden Name first middle last<br><u>Stella May Fry</u>  |
| 16 BURIAL, CREMATION, REMOVAL, MAUS. (specify)<br><u>Burial</u>   |                        | 17 CEMETERY OR CREMATORY—NAME<br><u>Eternal Hills Memorial Gardens</u>                                       |
| 18 FUNERAL SERVICE LICENSEE Or Person Acting As Such<br><u>Merrill Reed</u>   |                        | 19 NAME AND ADDRESS OF FACILITY<br><u>O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.</u>         |
| 20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated<br><u>Dr. Steven K. Bidleman</u> |                        | 20b DATE SIGNED (Mo., Day, Yr.)<br><u>5-16-83</u>  |
| 21a NAME AND ADDRESS OF CERTIFIER (Type or Print)<br><u>Dr. Steven K. Bidleman</u>  |                        | 21b HOUR OF DEATH<br><u>1:48 P.</u>  |
| 21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><u>2680 Uhrmann Road</u>   |                        | 21d Klamath Falls, Oregon 97601  |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br><u>MAY 16 1983</u>  |                        | 22b REGISTRAR<br><u>Wanda Jones</u>  |
| 23 IMMEDIATE CAUSE<br>PART I (a) <u>Carcinoma of the Pancreas</u>   |                        | Interval between onset and death<br><u>2 months</u>  |
| (b) <u>Diabetes Mellitus</u>  |                        | Interval between onset and death   |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)                          |                        | Interval between onset and death   |
| 24 ACCIDENT (Specify Yes or No)<br><u>No</u>  |                        | 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)<br><u>Yes</u>   |
| 26a INJURY AT WORK (Specify Yes or No)<br><u>No</u>   |                        | 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br><u>At home</u>        |
| 26c LOCATION<br><u>At home</u>  |                        | 26d STREET OR R.F.D. NO.<br><u>At home</u>   |
| 26e CITY OR TOWN<br><u>Klamath Falls</u>  |                        | 26f STATE<br><u>Oregon</u>   |

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 Wanda Jones, Deputy Registrar  
Date MAY 17 1983

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 10th day of October A.D., 1983 at 3:05 o'clock P.M., and duly recorded in Vol M 83, of Deeds on page 17330.

EVELYN BIEHN, COUNTY CLERK  
by Evelyn Biehn deputy

Fee \$ 14.00