33700

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83-000693

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

13 — Local File Number — State File Number

1 DECEASED – NAME	FIRST: FREDERICK	MIDDLE: WILLIAM	LAST: WOERPEL	2 DATE OF DEATH (MONTH, DAY, YEAR)	January 7, 1983
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	White	4 SEX	Male	5A AGE (LAST BIRTHDAY) (YEARS)	89
5B UNDER 1 YEAR: MOS. / DAYS		5C UNDER 1 DAY: HOURS / MIN.		6 DATE OF BIRTH (MONTH, DAY, YEAR)	July 12, 1893
7A CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	Route 3 / Box 345	7C IF HOSP. OR INST., INDICATE DOA, OPIL/MER, RM., INPATIENT (SPECIFY)	
7D COUNTY OF DEATH	Klamath				
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Kansas	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	Iva	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes		
13 SOCIAL SECURITY NUMBER	559 - 52 - 8297	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Farmer	14B KIND OF BUSINESS OR INDUSTRY	Self Employed
15A RESIDENCE – STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	Route 3 / Box 345	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	No		
16 FATHER – NAME FIRST MIDDLE LAST	John A.F. Woerpel	17 MOTHER – MAIDEN NAME FIRST MIDDLE LAST	Matilda Johnson	18 INFORMANT – NAME AND RELATIONSHIP TO DECEASED	Gary Keefer / Grandson
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B CEMETERY OR CREMATORY – NAME	Eternal Hills Memorial Gardens	19C LOCATION – CITY OR TOWN, STATE	Klamath Falls, Oregon
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH – SIGNATURE	[signature]	20B NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Ore. 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:

21A DEATH OCCURRED (HOUR)	About 11:00 A.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)	Jan 7, 1983/3:30 P.M.
21C FROM: NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]	HOMICIDE [ ]
UNDETERMINED [ ]	PENDING [ ]		
21D CERTIFIER – SIGNATURE	[signature]	21E NAME (TYPE OR PRINT) DEGREE OR TITLE	George R. Nicholson, MD
21F MEDICAL EXAMINER FOR: COUNTY	KLAMATH	21G DATE SIGNED (MONTH, DAY, YEAR)	JAN 11 1983

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22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		22B REGISTRAR SIGNATURE	[signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C).) — INTERVAL BETWEEN ONSET AND DEATH

PART I
(a) Arteriosclerotic Heart Disease — DUE TO, OR AS A CONSEQUENCE OF:
(b) — DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II — OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) — 24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FIRM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL–VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF MULTNOMAH) ss — DATE ISSUED: FEBRUARY 16 1984

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

[signature]
Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return to : W. W. Keefer-Route 3, Box 345, Klamath Falls, OR

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 21st day of February A.D., 19 84 at 9:43 o'clock A M. and duly recorded in Vol M84, of Deeds on page 2670.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by [signature] Deputy