35637

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

Local File Number 131

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: THOMAS Middle: CHARLES Last: FREEMAN

(2) DATE OF DEATH (month, day, year): April 9, 1984

(3) RACE White, Black, American Indian, etc (specify): White

(4) SEX: Male

(5a) AGE—Last birthday (years): 47

(5b) Under 1 year: mos. / days

(5c) Under 1 day: hours / min.

(6) DATE OF BIRTH (month, day, year): January 21, 1937

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

(7c) IF HOSP OR INST Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

(7d) COUNTY OF DEATH: Klamath

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

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

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

(11) SPOUSE (IF MARRIED, WIDOWED): Louisa

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

(13) SOCIAL SECURITY NUMBER: 458-60-7059

(14a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Fuel Dist.Specialist

(14b) KIND OF BUSINESS OR INDUSTRY: U.S. Air Force -

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Klamath Falls

(15d) STREET AND NUMBER OR R.F.D., ZIP: 5374 Knightwood Dr. 97603

(15e) Inside City Limits (specify yes or no): No

(16) FATHER NAME first middle last: Ohno Freeman

(17) MOTHER—first middle last (Maiden Name): Louise McBroon

(18) INFORMANT—NAME and relationship to deceased: Louisa Freeman - Wife

(19a) BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

(19b) CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

(19c) LOCATION city or town state: Klamath Falls, Ore.

(20a) FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster

(20b) NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Ore.

To be completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(21a) [Signature]: Lawrence J. Luppi MD

(21b) DATE SIGNED [Mo., Day, Yr.]: 4-10-84

(21c) HOUR OF DEATH: 1:33 P. M

(21d) NAME AND ADDRESS OF CERTIFIER [Type or Print]: Lawrence Luppi, MD 905 Main St./Suite 405 Klamath Falls, Ore.

(21e) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

(22a) DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 11 1984

(22b) REGISTRAR [Signature]: Marian E Crawford

(23) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Cardiorespiratory Arrest — Interval between onset and death: 1 hour
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cardiogenic Shock — Interval between onset and death: 1 hour
DUE TO, OR AS A CONSEQUENCE OF:
(c) Acute Inferior Myocardial Infarction — Interval between onset and death: 5 hours

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]: Yes

(25) WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

(26a) ACCIDENT [Specify Yes or No]: No

(26b) DATE OF INJURY [Mo., Day, Yr.]:

(26c) HOUR OF INJURY:

(26d) DESCRIBE HOW INJURY OCCURRED:

(26e) INJURY AT WORK [Specify Yes or No]:

(26f) PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

(26g) LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Marian E Crawford, Deputy Registrar

Date VOID IF ALTERED APR 11 1984

(SEAL)

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 17th day of April A.D., 1984 at 11:52 o'clock A M, and duly recorded in Vol M84 of Deeds on page 6339.

EVELYN BIEHN, COUNTY CLERK

Fee: $4.00

by: Pam Smith, Deputy

Return: Louisa Freeman 5374 Knightwood Dr., Klamath Falls, Oregon 97603