

43051

350

CERTIFICATE OF DEATH
ORS - 146

State File Number

DATE OF DEATH (MONTH, DAY, YEAR)

September 20, 1983

DATE OF BIRTH (MONTH, DAY, YEAR)

June 18, 1921

COUNTY OF DEATH

Klamath

DECEASED-NAME FIRST MIDDLE LAST
FRED E. SEUTTER

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) SEX Male AGE - LAST BIRTHDAY (YEARS) 62

CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)
Klamath Falls Harbor Isle (Front Street)

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
Canada U.S.A. Married

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
541-18-2023 Heavy Equipment Operator

RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER OR R.F.D. INSIDE CITY LIMITS (SPECIFY YES OR NO)
Oregon Klamath Klamath Falls 5827 Cheyne No

FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST INFORMANT-NAME AND RELATIONSHIP TO DECEASED
Jacob Seutter Martha Betka Annette R. Seutter, wife

BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION-CITY OR TOWN STATE
Burial Klamath Memorial Park Klamath Falls, Oregon 97601

PURNERS SERVICE LICENSES OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd
William J. Davenport 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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:

DEATH OCCURRED (MONTH, DAY, YEAR) FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐
6:00 P. September 20, 1983 6:30 P. HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

CERTIFIED SIGNATURE NAME - (TYPE OR PRINT) George R. Nicholson, MD

MEDICAL EXAMINER FOR: COUNTY DATE SIGNED (MONTH, DAY, YEAR)
Klamath Sept. 29, 1983

DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) REGISTRAR (SIGNATURE)
SEP 29 1983

PART I IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: INTEROSCLOTIC HEART DISEASE

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

PART II DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

INJ. AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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 Anthony E. Smith, Deputy Registrar

VOID IF ALTERED SEP 29 1983

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 9th day of November A.D., 19 84 at 9:45 o'clock A M, and duly recorded in Vol M84 of Deeds on page 19065.

EVELYN BIEHN, COUNTY CLERK
by: Ann Smith, Deputy

Fee: \$ 4.00 Index: \$1.00

Return: Annette Seutter 5827 Cheyne Klamath Falls, Oregon 97603