43232

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

CERTIFICATE OF DEATH

State File Number

Local File Number 84-343-84

DECEASED — NAME: First: Frieda; Middle: -; Last: BAUWENS
1 RACE: White
2 DATE OF DEATH (month, day, year): July 22, 1984
3 SEX: Female
4 AGE (Last birthday): (years) 61; Under 1 year: (months) (days); Under 1 day: (hours) (min)
5 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Southern Oregon Medical Center
5c IF HOSP OR INST, indicate DOA or Emer. Rm. Inpatient (Specify): Inpatient
6 DATE OF BIRTH (month, day, year): April 24, 1923
7a COUNTY OF DEATH: Josephine
7b CITY, TOWN OR LOCATION OF DEATH: Grants Pass
7c STATE OF BIRTH (If not in U.S.A. name country): Indonesia
8 CITIZEN OF WHAT COUNTRY: The Netherlands
9 SOCIAL SECURITY NUMBER: 545-66-3927
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
12 KIND OF BUSINESS OR INDUSTRY: Own home
13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
14a RESIDENCE—STATE: Oregon
14b COUNTY: Josephine
14c CITY, TOWN, OR LOCATION: Cave Junction
15d STREET AND NUMBER OR R.F.D. ZIP: 9900 Takilma Road 97523
15e Inside City Limits (Specify yes or no): No
15f LOCATION (City or town): Grants Pass, Oregon
16 FATHER — NAME: First: Alfred; Middle: Eugene; Last: Blanchemanche
17 MOTHER — NAME: First: Josephine; Middle: Khobah; Last (Maiden Name): -
18 INFORMANT — NAME and relationship to deceased: Astrid Chorpenning Daughter
19 BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19a CEMETERY OR CREMATORY NAME: Hull & Hull Crematory
19b NAME AND ADDRESS OF FACILITY: Hull & Hull 612 N.W. "A" St., Grants Pass, Oregon 97526
19c FUNERAL SERVICE LICENSEE (Signature): [illegible]
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [illegible]
20b DATE SIGNED (Mo., Day, Yr.): July 23, 1984
21a CERTIFYING PHYSICIAN (Only To be Completed by): NAME AND ADDRESS (Type or Print): Yung K. Koe M.D., 1115 N.E. Seventh Street, Grants Pass, Oregon 97526
21b HOUR OF DEATH: 6:10 P.M.
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21d DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): July 24 1984
22a REGISTRAR (Signature): La Verla J. Young
22b PART I (a) IMMEDIATE CAUSE: Cardiac Arrest
(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
DUE TO, OR AS A CONSEQUENCE OF: (b) Subarachnoid Hemorrhage.
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death: 36 hrs.
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)
Interval between onset and death: 48 hrs.
23 ACCIDENT (Specify Yes or No): No
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No
26a INJURY AT WORK (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Yr.)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26f LOCATION — STREET OR R.F.D. NO
26g CITY OR TOWN
26h STATE
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

(SEAL)
VOID IF ALTERED

DATE July 27 19 84

BY La Verla J. Young
La Verla J. Young
Registrar of Vital Statistics
Josephine County

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 15th day of November A.D., 1984 at 2:33 o'clock P M, and duly recorded in Vol M84 of Deeds on page 19343.

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Fee: $ 5.00

Return: A. Bauwens 9900 Takilma Rd., Cave Junction, Oregon 97523