46732

90
Local File Number

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

Vol. M85 Page 3619

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First PAUL Middle Last FREI

2 DATE OF DEATH (month day year): March 7, 1985

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

4 SEX: Male

5a AGE (Last birthday) (years): 81

5b Under 1 year: months / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month day year): February 7, 1904

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

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Ann

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

13 SOCIAL SECURITY NUMBER: 362 - 16 - 7808

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic - Retired

14b KIND OF BUSINESS OR INDUSTRY: Pacific Power & Light Co.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3209 Crest Street 97603

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

16 FATHER—NAME first middle last: George Frei

17 MOTHER—first middle last (Maiden Name): Paulina Shlumph

18 INFORMANT—NAME and relationship to deceased: Ann Frei / Wife

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Reed

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon / 9760

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): R. David Hale MD

21b DATE SIGNED (Mo. Day Yr.): 3. 8. 85

21c HOUR OF DEATH: 7:37 A M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): R. Rand Hale, MD / 2584 Campus Dr / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): MAR 8 1985

22b REGISTRAR (Signature): Marian E. Ackerman

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

PART I
(a) CARDIAC ARREST — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) ABDOMINAL AORTIC ANEURYSM — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

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

26a ACCIDENT (Specify Yes or No): No

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

26c HOUR OF INJURY: M

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman, Deputy Registrar

Date MAR 11 1985

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 12th day of March A.D., 1985 at 10:24 o'clock A M, and duly recorded in Vol M85 of Deeds on page 3619

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, Deputy

Return: Ann Frei 3209 Crest Street, Klamath Falls, Oregon 97603