

49507

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

Vol. M85 Page 8369  
85-008075

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last <b>FRIEDMAN HORACE KIRK</b>		DATE OF DEATH (month day year) <b>April 30, 1985</b>	
RACE White Black American Indian etc. (specify) <b>American Indian</b>		SEX <b>Male</b>	AGE—Last birthday (years) <b>73</b>
CITY, TOWN OR LOCATION OF DEATH <b>Chiloquin</b>		DATE OF BIRTH (month day year) <b>October 2, 1911</b>	
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <b>704 Highway 22 No.</b>		COUNTY OF DEATH <b>Klamath</b>	
STATE OF BIRTH (if not in U.S.A. name country) <b>Oregon</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	SPOUSE (IF MARRIED WIDOWED) <b>Vina</b>
SOCIAL SECURITY NUMBER <b>542 - 50 - 5684</b>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Scaler - Retired</b>	KIND OF BUSINESS OR INDUSTRY <b>Bureau of Indian Affairs</b>	
RESIDENCE—STATE <b>Oregon</b>	COUNTY <b>Klamath</b>	CITY, TOWN, OR LOCATION <b>Chiloquin</b>	STREET AND NUMBER OR R.F.D., ZIP <b>704 Highway 22 No. 97624</b>
FATHER—NAME first middle last <b>Seldon E. Kirk</b>	MOTHER—first middle last (Maiden Name) <b>Mary Hill</b>	INFORMANT—NAME and relationship to deceased <b>Vina Kirk / Wife</b>	
BURIAL, CREMATION, REMOVAL MAUS. (specify) <b>Burial</b>	CEMETERY OR CREMATORY NAME <b>Wilson Cemetery</b>	LOCATION City or town State <b>Chiloquin, Oregon</b>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Oregon - 97601</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <b>Respiratory Arrest</b>		DATE SIGNED (Mo. Day Yr.) <b>5-1-85</b>	HOUR OF DEATH <b>12:50 P M</b>
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Oregon</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) <b>MAY 1 1985</b>		REGISTRAR <i>[Signature]</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) (a) <b>Respiratory Arrest</b> (b) <b>Metastatic Carcinoma of the Pancreas</b> (c) <b>Diabetes Mellitus Type II</b>		Interval between onset and death <b>Immediate</b> <b>Several months</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Diabetes Mellitus Type II</b>		AUTOPSY (Specify Yes or No) <b>No</b>	
ACCIDENT (Specify Yes or No) <b>No</b>	DATE OF INJURY (Mo. Day Yr.) <b>No</b>	HOUR OF INJURY <b>No</b>	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>Yes</b>
INJURY AT WORK (Specify Yes or No) <b>No</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>No</b>	DESCRIBE HOW INJURY OCCURRED <b>No</b>	
LOCATION <b>No</b>		STREET OR R.F.D. NO <b>No</b>	
CITY OR TOWN <b>No</b>		STATE <b>No</b>	

ORIGINAL—VITAL STATISTICS COPY

452 REV 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH:ss

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.

DATE ISSUED MAY 21 1985

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION  
AFTER RECORDING RETURN TO  
Patrick L. Kihredse, Attorney  
426 Main  
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 5th day of June A.D., 1985 at 4:15 o'clock P M, and duly recorded in Vol M85, of Deeds on page 3369.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy