

## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATHC-4713  
I.D. TAG NO.

156

136-

State File Number

1. DECEDENT'S NAME First: David, Middle: FREELAND, Last: FREELAND			2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 29, 1989
4. SOCIAL SECURITY NUMBER 573-14-1468			5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Madera, California			7. DATE OF BIRTH (Month, Day, Year) December 15, 1903	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Mountain View Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Quality Control Ship Construction			10b. KIND OF BUSINESS/INDUSTRY Civil Service	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Grace E.	
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls			13d. STREET AND NUMBER 923 Merryman Drive	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No			15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2			17. INFORMANT - NAME and relationship to decedent Grace E. Freeland, wife	
18. FATHER - NAME first middle last David - Freeland, Sr.			19. MOTHER - NAME first middle maiden Jeannie - Ryce	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrill Seid			21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601			23. REGISTRAR'S SIGNATURE Nancy Kennedy	
24. DATE FILED (Month, Day, Year) MAR 31 1989			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 10:00 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) R. Rand Hale M.D.				
30. DATE SIGNED (Month, Day, Year) March 31, 1989				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, M.D., 2584 Campus Drive, Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)				
34. (a) Cerebrovascular accident				
35. (b) DUE TO, OR AS A CONSEQUENCE OF:				
36. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Metastatic carcinoma of prostate				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk				
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
40. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/>				
41a. DATE OF INJURY (Month, Day, Year)				
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
41d. DESCRIBE HOW INJURY OCCURRED				
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

## ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED MAR 31 1989

Marian Ackerman  
CLERK  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Grace Freeland the 10th day of April 19 89 at 11:45 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 6042

Evelyn Biehn, County Clerk  
By [Signature]

FEE \$8.00

Return: Grace Greeland  
923 Merryman Dr., Klamath Falls, Or. 97603