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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

86-022048

A 0641 ID TAG NO
460 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED — NAME: First WILLIAM Middle JAMES Last de FREMERY

DATE OF DEATH (month, day, year): December 6, 1986

1 RACE (White, Black, American Indian, etc.) (specify): White
2 SEX: Male
3 AGE — Last Birthday (years): 81 (Under 1 year: mos / days; Under 1 day: hours / min)
4 DATE OF BIRTH (month, day, year): June 11, 1905
5a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
5b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Convalescent Center
5c IF HOSP OR INST: Inpatient or Emer Rm Inpatient (specify): Inpatient
5d COUNTY OF DEATH: Klamath
6a STATE OF BIRTH (If not in U.S.A., name country): Netherlands
6b CITIZEN OF WHAT COUNTRY: U.S.A.
7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8 SPOUSE (IF MARRIED, WIDOWED): Paula
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
10 SOCIAL SECURITY NUMBER: 554-46-0580
11a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consultant - Ret. 055350
11b KIND OF BUSINESS OR INDUSTRY: Electronics
12a RESIDENCE — STATE: Oregon
12b COUNTY: Klamath
12c CITY, TOWN OR LOCATION: Klamath Falls
12d STREET AND NUMBER OR R.F.D.: 6311 Harlan Dr. ZIP: 97603
12e Inside City Limits (specify yes or no): No
13a FATHER — NAME (first, middle, last): Willem H.N. de Fremery
13b MOTHER — (first, middle, last, Maiden Name): Rachael Schryver
14 INFORMANT — NAME and relation: Paula de Fremery / Wife
15a BURIAL, CREMATION, REMOVAL, OTHER (specify): Cremation
15b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
15c LOCATION (city or town, state): Klamath Falls, Ore.
16a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster
16b NAME AND ADDRESS OF FACILITY: Ward's Funeral Home/ 1945 Main St. / Klamath Falls, Ore.97601
16c DATE SIGNED (Mo., Day, Year): 12-6-86
16d HOUR OF DEATH: 3:50 A.M.

17a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): Mark S Kochevar MD
17b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 1905 Main St. - Klamath Falls, Oregon ZIP 97601
18a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Mark Kochevar, MD - 1905 Main St. - Klamath Falls, Oregon 97601
18b DATE RECEIVED BY REGISTRAR (Mo., Day, Year): DEC 9 1986
18c REGISTRAR (Signature): Marion Christman

PART I
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).): Cardiac arrest — Interval between onset and death: Imed.
20 DUE TO, OR AS A CONSEQUENCE OF: Congestive heart failure — Interval between onset and death: 4 weeks
21 DUE TO, OR AS A CONSEQUENCE OF: Pseudomonas pneumonia — Interval between onset and death: 5 weeks
22 OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a): Chronic myocardial ischemia — AUTOPSY (Specify Yes or No): No — WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

PART II
23a ACCIDENT (Specify Yes or No): No
23b DATE OF INJURY (Mo., Day, Year)
23c HOUR OF INJURY
23d DESCRIBE HOW INJURY OCCURRED
24a INJURY AT WORK (Specify Yes or No): No
24b PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
24c LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE

25a DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
25b WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

45-2 Rev. 6-86

ORIGINAL—VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAY 08 1989

Edward Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

$3.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of P.H. DeFremery the 17th day of May A.D., 19 89 at 2:44 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 8573.

Evelyn Biehn, County Clerk
By Dawn Whitaker

FEE $8.00
Return: P.H.DeFremery
3500 Summers Ln. Estates #49, KLamath Falls, Or.97603