CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

22239

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MTC 24375-DN

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

4546 — Local File Number — 85-016118 — State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 36

DECEDENT

1. DECEASED NAME: First: Casper; Middle: Arnold; Last: FEDJE
2. DATE OF DEATH: September 7, 1985
3. RACE: White
4. SEX: Male
5. AGE (Last Birthday): 73
6. DATE OF BIRTH: February 6, 1912
7. CITY, TOWN OR LOCATION OF DEATH: Portland
8. HOSPITAL OR OTHER INSTITUTION—NAME: Friendship Care Center
9. IF HOSPITAL OR INSTITUTION—DID DECEDENT EVER SERVE IN ARMED FORCES?: Inpatient
10. COUNTY OF DEATH: Multnomah
11. STATE OF BIRTH: North Dakota
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
14. SPOUSE IF MARRIED, WIDOWED OR DIVORCED: Mary E.
15. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
16. SOCIAL SECURITY NUMBER: 501-12-8910
17. USUAL OCCUPATION: Machinist
18. KIND OF BUSINESS OR INDUSTRY: Welding -FMC
19. RESIDENCE—STATE: Oregon
20. COUNTY: Multnomah
21. CITY, TOWN, OR LOCATION: Portland 23
22. STREET AND NUMBER OR R.F.D., ZIP: 5725 N. Princeton 97203
23. INSIDE CITY LIMITS?: Yes
24. FATHER NAME: Benjamin Johan Fedje
25. MOTHER (Maiden Name): Maria Elizabeth Bonde
26. INFORMANT NAME: Mary E. Fedje - Wife

DISPOSITION

27. BURIAL, CREMATION, REMOVAL, OTHER: Burial
28. CEMETERY OR CREMATORY NAME: Columbia Memorial Gardens
29. LOCATION: Scappoose, Oregon
30. FUNERAL SERVICE LICENSEE: Herman [illegible]
31. NAME AND ADDRESS OF FACILITY: St. Johns Funeral Home, 9525 N. Richmond Avenue, Portland, Oregon 97203

CERTIFIER

32. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
33. Signature of [illegible]
34. DATE SIGNED: 9/10/85
35. HOUR OF DEATH: 6:25 A.M.
36. NAME AND ADDRESS OF ATTENDING PHYSICIAN (If other than certifier): James Brodhacker, M.D., 5055 N. Greeley, Portland, Oregon 97217

37. DATE RECEIVED BY REGISTRAR: SEP 10 1985
38. REGISTRAR: [signature]

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

39. PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(b) DUE TO OR AS A CONSEQUENCE OF
(c)
PART II OTHER SIGNIFICANT CONDITIONS

40. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED?
41. DATE OF INJURY
42. HOUR OF INJURY
43. DESCRIBE HOW INJURY OCCURRED
44. AUTOPSY?: No
45. WAS MEDICAL EXAMINER NOTIFIED?: No
46. INJURY AT WORK?
47. PLACE OF INJURY—At home, farm, street, factory, office building, etc.
48. LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

RESERVED FOR REGISTRAR'S USE

Please Return:
MARY E. Fedje
5725 North Princeton
Portland, OR 97203

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 NOV 01 1990

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day of Nov. A.D., 19 90 at 3:24 o'clock ____ M., and duly recorded in Vol. M90, of Deeds on Page 22144.

FEE $8.00

Evelyn Biehn County Clerk
By Darlene Mullendore