			4.3 × 3 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×	
	CERTIFIER BURIAL	CAUSE	DECEASED Usual residence where deceased where dece	The state of the s
V5-2 R-69	RY AT WG	LIS. HUDERT C. PART I. DEATH 18. Conditions, if any, which gave rise to immediate cause (a), stating the under spring cause lare spring cause and spring cause	1 1 2093 1 1 1 1 1 1 1 1	
	PHYSICIAN PHYSICIAN N. REMOVAL. TURE N. REMOVAL. PHYSICIAN PHYSICIAN PHYSICIAN REMOVAL. REMOVAL. REMOVAL.	DEATH WAS CAUSED BY: Immediate cause (a) due to, or as a consequence of the cause (b) Media 1 A due to, or as a consequence of the cause (c) DATE OF INJURY TO THE OF	First County State	
	month day year 4-13-75 A-13-75 NAME (typ) POUS Drive, CEMATORY-HAME THE FUNERAL HOME- ALL 25b. O' Hali	(ENTER)	RTIFICATE Middle K AGE-Last brithday (year TOCATION OF DEAT TO TO TOWNIRY S. A. S. A. S. A. S. A. GUISTON Give kind oving life, even if ret OULS EW 1 Te	
	And Last Saw Him/Her/ on: month day 4-13- or print) B. Oldham Klama LOCATION PK 24c. Klama AME AND ADDRESS 'S Funeral DATE RECEIVED BY AND ADDRESS ADDRESS AND ADDRESS	CAUSE PER LINE FOR (a), (b), The state of the cause given in the cause of R.F.D. No., city or to	N — HEALTH DVISION THE Section MATISON MATISON MATISON MATISON Final de City Limits (Free Repective) MATIT 1 ed (Free Repecti	75 007 31 1111
Herry Leaves consistent and the second secon	H OCCURR 15P. ARTE SIGNE PARTICIONAL PROPERTY OF PARTICIPATION ON PARTICIPATION	AUTOPSY IF YES (ves QC,no) 196. If injury in part I or part ty, state)	State File DATE OF BEATI A APT 1.1 A APT	
The state of the s	at the place, on the date, and, to the best of dark knowledge, and the best of dark knowledge, and the dark of the best of dark knowledge, and the dark of the dar	between onset and death between onset and death	Number 13, 1975 1 (month, day, year) 13, 1975 1 (month, day, year) 13, 1975 1 (month, day, year) 1 (month) 1	
	STATE OF OREGON Gounty 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. VELDON C. BOGE, M.D. Registrar Vital Statistics VELDON C. BOGE, M.D. Registrar Vital Statistics			
	STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request ofCRARLES F. MATSON this _21st day of _OCTOBER A. D., 19.75 at _11:20 o'clockA M., and duly recorded in			
	Vol. M. 75 , of DE DS	on Page/WM.	D. MILNE. County Clork Deputy	