	CERTIFIER BUR!AL	CAUSE	TEASED PROBLEM	
VS.2 R.SO Main	The control day year month day year form the place, on the place, on the place of the place of the place, on the place of the place	DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) immediate cause immediate cause due to, or as a consequence of: (b) due to, or as a consequence of: (c) due to, or as a consequence of: (d) due to, or as a consequence of: (e) THE FORM CONDITIONS: conditions contributing to depth but not related to cause given in Part (a) and (b) to consequence of: (c) TOTAL ALLEANT CONDITIONS: conditions contributing to depth but not related to cause given in Part (a) and (b) to consequence of interpretations contributing to depth but not related to cause given in Part (a) and (b) to consequence of interpretations contributing to depth but not related to cause given in Part (a) and (b) to consequence of interpretations contributing to depth but not related to cause given in Part (a) and (c) and (c	STATE OF BEATH CATHERINE CATHER	
l I At	a: record of death or (SEAL) TATE OF OREGON; COUNTY OF KL hereby certify that the within instrume ugust A.D., 19 at 11:02	By Acade All Color Date NUN 1 5 100 Parte Nun 1	nd complete transcript of y Department of Health. egistrar Vital Statistics Deputy Registrar 19 rd on the 23rd day of corded in Vol M76	