10830

12574 CERTIFIED COPY OF DEATH RECORD

1. (IAME OF DECEASED (Type or print all entries in black ink)	Tal		Middle Strank			last Warnedon	
2. PLACE OF DEATH	414		3. USUAL RES	IDENCE (II	Institution, g	ive residence i	hefury administra
B. CITY, TOWN, ill outside corps	10 C	LENGTH OF	C. CITY, TO	Coope	de comment	B. COUN	
LOCATION KLANGE	Falls	STATIN 28	OR LOCATIO			ith fal	_
D. NAME OF HOSPITAL III NOR INSTITUTION RECEIVED	t valley		D. STREET	ADDRESS. R		UTE, ETC.	
DATE OF Month D	ay Year	S. SEX	6. COLOR	OR RACE	7	MARITA	L STATUS
APRIL 9	USUAL OCCUI	PATION	10. KIND OF BU			☐ Divorced	☐ Widowed ☐ Never Married OF SPOUSE
422-56-6166 8		PATION Most of life;	Klant: 'Co:	Beboole		LeOpa	1 Rooks
2. DATE OF Month Da	1917	13. AGE LAST		IF UNDER 1 Y	Day s	ff U	NDER 24 HOURS
4. BIRTHPLACE (State or Poreign C Nashville Aghament	Country)	WAS DECEA	SED A CITIZEN O		IF DECE		A VETERAN,
7. NAME OF FATHER		Toreign Country 18. MAIDEN NA		1 19		T'S NAME AN	
ILLES ROCKS	<u> </u>	Attle M		L	eOpa1	lecks,	
20. CAUSE OF DEATH (ENTER C PART I: DEATH WAS CAUS IMMEDIATE CAUS	SED BY: Mean	cardial In	Largion			Inte	Years, days, hours, etc.
Conditions, if any.) DUE TO (B							
which gave rise to) above Cause (a),) stating the under-) lying cause last) DUE TO (C			·				
PART II: Other Significant Condi				1 00 11 dec	ased was 5	iale, was there	
PART II: Other Significant Condi- contributing to Death but not relate the terminal disease or condition g in Part I (a):	nd 10	tic Reast	Dis.	21. If dice	ncy in the par	iale, was then it 12 months? Unknow	perrunned?
IN PARE I (A):		DID INJURY 23A.	PLACE OF INJURY	25			rn Yes No
	OCCUR	KSuch as F	arm, Home, Forest, etc.)	20	B. C.1.7		County State
Accident Suicide Homicide E	At Work	At Work		11104 000	innen		
INJURY 8. M.		27. 5	SESCRIBE HOW IN	JURY OCCI	JRRED.		
p. m.							
p. m.	tended) (Milelifet	Millelle to the	processed from or on an	25 Jan	1964		to
S. CERTIFICATE:	itended) (Ilivestigas	Millelle, the	6: 2019	25 Jan	1964 (date)	date stated at	to
8. CERTIFICATE:	itended) (Illestigns	Millelle, the	6: 2019	25 Jan	1964 (date)	10,1	7 Ape 65
e. CERTIFICATE: CAPES (at 1) Hersie H. Suite (bignate	itended) (iliveligat Singer , M.D. Lure)	Millelle, the	er soby	25 Jan	Lyca (date) and on the	10,1	THE CO
8. CERTIFICATE: CAPES (at 1) Merie H. Seine (6) (8) RESERVED FOR REGISTRAR'S	Sings M.D. Sings M.D. Sure	delication to the death occur	CTRIO	25 Jan th Fall	(date) And on the Op OSS (Address)		(Date Signed)
MORELE H. SCHE (Signal RESERVED FOR REGISTRAR'S DECEASED WILL SE	itended) (iliveligat Singer , M.D. Lure)	Soc. NAME	er soby	23 Jan	LOCATION	(City or Town	(Date Signed)
Neerle H. Scientista Control of the	Hended) (Manual Manual	JOC. NAME	OF CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO MANOSIAI S3. FUNERAL DIRECT	METERY SOLUTION SIGNAL	(date) (the date) (Address) (Address)	(City of Town	(Date Signed)) State So Otto
Neerle H. Scientista Control of the	tions, M.D. ture) USE 304,0415	JOC. NAME	OF CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO MANOSIAI S3. FUNERAL DIRECT	METERY SOLUTION SIGNAL	(date) (the date) (Address) (Address)	(City of Town	(Date Signed) Note Signed)
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DECEASED WILL BE Cremated Removed Other DATE REGISTRAR DECEASED WILL BE DATE REGISTRAR DATE OF OREGON	tions, M.D. ture) USE 300,0210,65 STRAR'S SIGN STARK ACRE	JOC. NAME	OF CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO CREMATORY OR CE TO MANOSIAI S3. FUNERAL DIRECT	METERY SOLUTION SIGNAL	(date) (the date) (Address) (Address)	(City of Town	(Date Signed)) State So Otto
MODELO H. Solds RESERVED FOR REGISTRAR'S DECEASED WILL BE Crimated Removed Other DATE RECEIVED BY 32. REGISTRAR'S ATE OF OREGON	Hended) (Manual Manual	JOC. NAME	OF Ships (TRID) OF CREMATORY OF CE MEMORIES MARKE OF IN	METERY SOLUTION SIGNAL	(date) (the date) (Address) (Address)	(City of Town	(Date Signed)) State So Otto
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