DECEASED—NAME 1 HACE White, Black, Ame etc.(specify) 3 Wiri COUNTY OF DEATH	Number		OF DEATH	State File Nur	
etc.(specify)	First	Middle	Last		
etc.(specify)	Appleton	Ellis	011001 7 7010	2 May 6. Her 1 day DATE OF BIRTH (#	nonth, day, year)
COUNTY OF DEATH	1	birthday (years) 5a 68	mos. days hours	6 March 19	7, 1910
	te 4 Male	DR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITU	UTION—111.ME I number,	OP/Emer., Rm., Impation
7a Deschutes	las Posse	3	7cSt. Charles	: <u>Medical Center</u> SE (IF MARRIED, WIDOWED)	7d Innation WAS DECEMBED TO THE
STATE OF BIRTH (if not	In U.S.A., CITIZEN OF W	HAT COUNTRY MARHED, 1	Divident (absorb)		[[Specify 164 or 30]
name country) 8 Mississipp	oi 9 USA	-100~Re	Juried 111 Juring most of working, life, even KING	Nanna Lee D OF BUSINESS OR INDUSTR	12 110
SOCIAL SECURITY NUM	BER USUAL OCC	_	laah	Tumber Indust	tru
13 428 12 478	35 14a COUNTY	CITY, TOWN, OR LO		IMBER OR R.F.D., ZIP 977	33 Inside City Limits
RESIDENCE—STATE	COUNTY 155 Klamath	, ·	nt. 151 P.O. Bo	ox 5	15e 1/28
15a Oregon FATHER—NAME firs	st middle last N	AOTHER-Maiden Name	first middle last INF	ORMANT-NAME and relation	nship to deceased
Pohont II	uther Garrick	, Louena Raine	ey 18	Wanna Lee Garrie	ck, Wife
BURIAL, CREMATION,	CEMETERY OR C	REMATORY-NAME	Loc	CATION city or town	state
REMOVAL, MAUS (spe	cify) 19b Pilot	Butte	190	Bend Ore	gon
FUNERAL SERMICE LICENS	EE Or person Acting As Such	NAME AND ADDRESS OF F	MOTAC TOF "	Imina Paul a	reaon 97701
20a Winna	rumilda	tob Niswonger-Kei	Tand DATE SIGNED INC.	. Irving, Bend, Or	IR OF DEATH
To the best of m	y knowledge, death occurred	1 1/1/2	215 May 10,	1	
== Oto (Cinnature)	DRESS OF CENTIFIER Type	or Print	12.0 .700		
ESS AT TO	rm G. Laar M	D. 1501	N.E. Medical Cent	ter Drive Bena	ı, Uregon
NAME OF ATTE	NDING PHYSICIAN IF OTHE				
₽ <u>E</u> 5 21e			<u></u> <u></u> <u></u> <u></u>		
DATE RECEIVED BY R	REGISTRAR [Mo., Day, Yr.]	REGISTRAR	7.	m Rayo	1214
22a May 10,	1978	22b [Signature]	ours of		Interest between onset a
23 IMMEDIATE CA	USE (PER LINE FOR [8], [b], AND [c		months
PART (a) Carci	noma of the Lur	ıg			Inferval between onset a
DUE TO, OR AS	S A CONSEQUENCE OF:				1
} (b)	S A CONSEQUENCE OF:				Interval between onset a
					1
PART OTHER SIGNIFICAN	NT CONDITIONS—Conditions	contributing to death but not	related to cause given in PART I ((a) AUTOPSY (Specify Yes WA or No) EX	AMINEH ON CONDITER
11				24 NO 25	[Specify Yes or No)
ACCIDENT [Specify Yes or	No) DATE OF INJURY [Mo, Day.	Y/J HOUR OF INJURY	DESCRIBE HOW INJURY OCCU	UNNEU	
26a	26b	26c	M 26d	GEET OR N.F.D. NO. CITY OR T	TOWN STATE
INJURY AT WORK [Specify Yes or No]	PLACE OF INJURY—At hon office building, etc.[Specif		Looning	STATE OF STATE OF	-
26e	261		26g		
RESERVED FOR REGI	STHAR'S USE			14 14	
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, , NT 2==-	Dragon 6 m				
1V1SW	onger & Reynold	is, Inc.			
r.o., I	Box 229 • Rend, Orego	n 97701			
# Table 1					
STATE OF O	REGON				
COUNTY OF	DESCHUTES			* .	**.
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SEAL VOID IF AI STATE OF OR	EGON; COUNTY y that the within i	instrument was re	ss. ceived and filed for PM., and dul	record on the 15th	thday of