The second secon	62776	HEALTH	STATE OF OR DIVISION DEPARTMENT Vital Statistics	CONTRACTOR STATES			
PE HINT V	Local File Number DECEASED—NAME		Vital Statistica :	Section:	1/1/	7 <u>9</u> Page	385:
ANENT ICK K	그렇게 그 아니다 하나 아이를 하고 있는 이 얼마? [2]	77.5	Middle GLENDAY	Last		State File Number TE OF DEATH (month,	
OTIONS SE BOOK	etc.(specify) White COUNTY OF DEATH	4 Female	AGE—Last birthday (years)	PARKER Under 1 year mos days	Under 1 day DAT	January E OF BIRTH (month, d	6, 1979
DENT	Ta Klamath STATE OF BIRTH (If not in U.S.A.,	75 Klam	OCATION OF DEATH ath Falls COUNTRY MARRIED, NE MOOWED, OF 10 Mis		R INSTITUTION—NAME	<u>April</u>	19. 1888
ATH MEDIN MARK, EDSOON	8 Colorado SOCIAL SECURITY NUMBER		COUNTRY MARRIED, NE WIDOWED, DE 10 Wi	VER MARRIED. VORCED (Specify)	terian Int		npatient
TION OF TETTEMS	13 544 - 42 - 969 RESIDENCE-STATE COL	3 14a Sc	MIDOWED. DI 10 Wi 10 Ni	ng most at working, life, eve ⊇r – Ret	KIND OF BUSINESS	A. 12	Vy Yes or No! NO
	15a Oregon 15b FATHER-NAME first middle	Klamath last MOTHE	hool Teache CITY, TOWN, OR LOCA Klamath Fa R-Maiden Name firs	TION STREET AN	O Altamon	Educatio	City Limits
3000	BURIAL, CREMATION.	METERY OF	sabella Ro	IIIOh	- MAME	and relationship to de	reased
SILION	FUNERAL SERVICE LICENSEE OF PROCESS	Lost R	iver Cemeta	ry Tr	and the state of t	lackus - I	
-		7/7/1/2 120h II			Klamath Fa	lls. Orana	n D2504
	To The Dest of my knowledge. I due to the cause(s) stated. 21a Signature CERTIFIER - NAME AND TITLE 22d EVER Et F.	LE (Type or prin	~~	21b /-	[Mo., Day, Yr.] 8-79	HOUR OF DEATH	30 a _M
	NAME OF ATTENDING PHYSIC	HAN IF OTHER THAN	D 2622 [CERTIFIER [Type or Prin	ampus Dr.	- Klamath	own, state, zip) Falls, Or	97601
IONS	DATE HECEIVED BY REGISTRAR IMO.	Day, Yr.1 BEG	ISTOAD				31001
HAVE SO (P.	23 IMMEDIATE CAUSE ART (a) CETCE BROY DUE TO, OR AS A CONSEQUENCE	LENTER ON	[Signature] SY	VE FOR (a), (b), AND	Letern	and	
AST	(b) RESCONSEQUENT	CE OF:	OPERATIO	(不)(3)(3)(3)	9,	7/181.	
ĕ Ö F	(c)	UE OF:					onset and doath
	RT OTHER SIGNIFICANT CONDITIONS—C	conditions contributing	to death but not related to	cause given in PART I (AUTOPSY (Specify Y	Interval between	onset and death
21	6a NO 26b	Y [Mo. Day, Yr] HOUR	OF INJURY DESCR	RIBE HOW INJURY OCCU	lot NO	EXAMINER 25 [Specify Yes or No]	
26	Se 26f		M 26d LOCAT	ION STAE	ET OR R.F.D. NO. CITY	OR TOWN STATE	
	SERVED FOR REGISTRAR'S USE						
	Lanony						
X Tall	βγ. 5-7 [†] '3. ll.					VS-2 Raw	8-78 P-65412
AND MAKES AS A SECOND							070 F-65412
	STATE OF ORECOM						
	STATE OF OREGON County of Klamat						
	County of Klamat		oregoing is a ith the Klama	correct an	d complete t	ranscript of	a
	County of Klamati Wis centified precord of dear	s that the f th on file w	· [6] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	er kartin der untersteller in der		HEALTH SERV	a Ices.
	County of Klamat	s that the f th on file w	oregoing is a ith the Klama MARIAN ACKERM	er kartin der untersteller in der	er Vital Star	tistics	a ices.
	County of Klamati	s that the f th on file w ! Voic	MARIAN ACKERM By Bare Date	AN, Registra	Peputy	tistics Registrar	a ices.
STATE	County of Klamati Wis certifies record of dear	s that the f th on file w VOID	MARIAN ACKERM By Bete 1 O IF ALTERED	AN, Registra	Peputy	tistics Registrar	a ices.
STATE	NOT VALID WITHOUT OF OREGON; COUNTY	s that the f th on file w VOID RAISED SEAL	MARIAN ACKERM By By Comparison Grade OF THE KLAMA TH: ss	AN, Registra	Peputy 1979 . OF HEALTH	Registrar	ices.
STATE I hereby Febru	NOT VALID WITHOUT OF OREGON; COUNTY	s that the f th on file w Voic RAISED SEAL OF KLAMAT	MARIAN ACKERM By Bote OF THE KLAMA H; ss	AN, Registra JAN 3	Deputy 1979 OF HEALTH	Registrar	ices.
STATE I hereby Febru	NOT VALID WITHOUT OF OREGON; COUNTY y certify that the within in the process of	s that the f th on file w VOID RAISED SEAL OF KLAMAT instrument was 2:11 o'cl	MARIAN ACKERM By By Comparison Grade OF THE KLAMA TH: ss	AN, Registra JAN 3	Deputy 1979 OF HEALTH	Registrar	a ices.
Febru	NOT VALID WITHOUT OF OREGON; COUNTY y certify that the within in the process of	s that the f th on file w Voic RAISED SEAL OF KLAMAT	MARIAN ACKERM BY BATE BY OF THE KLAMA TH; ss Treceived and fock P M., 51	AN, Registra JAN 3	Deputy 1979 OF HEALTH on the 20	Registrar SERVICES	a ices.