FEE(3.57)

5093

7.7	☐ CE	RTIFICAT	E OF	DEATH	F ,:	State File	ile Number
Local File Num	First	Middle	STEPH	Last		2 March	ATH (month, day, year) 1 13, 1980
GARLANI RACE White, Black, American	D	AGE-Last		Under 1 year	Under 1 da	DATE OF BIR	ember 18, 1915
RACE White, Black, American etc.(specify) White	I. Male	birthday (yea	U.4	5b	5c		OP/Emer., Rm., Inpatient 1500
COUNTY OF DEATH	CITY, TOWN OR	LOCATION OF DE		West 1	Medical	Center	l. Innatient
Klamath		AT COUNTRY WID	RRIED NEVER I	MARRIED, CED (specify)	SPOUSE (IF	MARRIED, WIDOV	OWED) WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No! Yes
STATE OF BIRTH (If not in L	9 U.S.A.	10 UPATION (give kind of wor	Marrie	ed most of working the	11Glady	s M. Steph BUSINESS OR INC	116119 112
SOCIAL SECURITY NUMBER	' lif refired) M.	IPATION (give kind of wor	nk don't during	most of working, life,	14b	Mining	/
462-12-6735	14a	CITY, TOWN,	OR LOCATION	ON STREET	AND NUMBER	OR R.F.D., ZIP (9762L Inside City Limits (specify yes or no)
RESIDENCE-STATE	COUNTY 15b Klamath	. Chil	oguin	15d	Lucana	ANT NAME and I	relationship to deceased
15a Oregon FATHER-NAME first		OTHER Maiden Na	ame first	middle last On	G1	adys M. Sto	tephens, wile x
16 Aggie Alexar	nder Stephens	LOLA Rue	, sust		LOCATIO	ON city or tov	own state
BURIAL, CREMATION,	() CEMETERS ON ON	ualla Cre	matory	•	19c Kl.	amath Fall	ls, Oregon 97601 the Good Shepherd,
19a Cremation	Or person Acting As Such N	IAME AND ADDRES	SOF FACIL	th Street	t, Klama	th Falls,	the Good Shepherd, Oregon 97601
200 In Mulliam	7. Alaumonu 12	200 - 1 ma data at	nd place and	DATE SI	GNED (Mo., Da	iy, Yr.]	HOUR OF DEATH
due to the cause(s)	stated, 7	11 K	Ein.	216	3117189	<u></u>	1210
21a [Signature] NAME AND ADDRE	SS OF CERTIFIER Type	of Print	Denta1	Bldg. 9	05 Main	Street, K	lamath Falls, Oreg
NAME AND ADDRE	Efrey Marx, MD DING PHYSICIAN IF OTHE	R THAN CERTIFIE	3 [T) pe 01 P	0*1 /		-	
NAME OF ATTEND	JING PHYSICIAN IF OTHE					. 4	
DATE RECEIVED BY REG	ISTRAR [Mo., Day, Yr.]	REGISTRAR		-8h.1	1/2.1	Marin	1)
22a MAK 17	1980	22b [Signatu	CAUSE DED	LINE FOR Ial.	[b], AND [c].]	Lund	Interval between onset and d
23 IMMEDIATE CAUS	10	ENTER ONLY ONE		t e when	<u>و سناد. </u>		Interval between onset and o
PART (a) DUE TO, OR AS A	CONSEQUENCE OF:	An . rade. v					
\							Interval between onset and
DUE TO, OR AS A	A CONSEQUENCE OF:				Je Ban-	AUTOPSY (Seasons)	Yes WAS CASE REFERRED TO MEDIC
(c) PART OTHER SIGNIFICANT	CONDITIONS—Conditions	s contributing to deat	h but not rela	ited to cause give	n in PAHT I (a)	or No No	EXAMINER OF CORONER 25 [Specify Yes or No] NC
11	OLDATE OF IN HIDV 1440 Del	YY HOUR OF IN.	JURY	DESCRIBE HOW	INJURY OCCURRE	iD	
ACCIDENT [Specify Yes or N	DATE OF INJURY (Mo. Day	26c	М	26d			CITY OR TOWN STATE
ACCIDENT [Specify Yes or No	26b	26c ome, farm, street, facto	М	26d LOCATION		_	CITY OR TOWN STATE
ACCIDENT [Specify Yes or Ni 26a INJURY AT WORK [Specify Yes or No] 20e	26b PLACE OF INJURY—At ho office building, etc. (Special)	26c ome, farm, street, facto	М	26d		_	CITY OR TOWN STATE
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