SED 25: PH 2: 316
STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCE Vol. Mg Page 18425 90255

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IN	. Г		OREGON STATE DEPARTMENT OF I	TUMAN DEC.	ISION	70	Page	18425
PERMANENT BLACK	1	Norma					-	
INK FOR	DECEASED NAME	First	CERTIFICAT	E OF DE	. .			_
STRUCTIONS	1 1	Florence		Last	AIH	Sta	ate File Numbe	_
HANDBOOK	etc. (specify)	rdian, SEX	R.	McCORD		DATE OF D	DEATH (month, da	av waret
•	13 White	1	AGE—Last birthday (years)	Under 1 yea		2 Dent	Ombo	~ ·
	CITY, TOWN OR LOCATION OF	Female HOSPIYAL	138 / 4		Under 1 day	DATE OF B	IRTH (mjorith, da)	21, 1980
Figure 1	la Medford	W THE OH	OTHER INSTITUTION—NAME give street and number)	5b F HOSP O		e Fehr	1110	1906
ECEDENT	STATE OF BIRTH (If not in U.S.A name country)	CITIZEN OF WHAT CO	- AGTIGA WOW		m. Inpatient [Specify]	COUNTY OF	DEATH	1906
IF DEATH OCCURRED IN	18 Uregon	9 U.S.A.	OUNTRY MARRIED, NEVE WIDOWED, DIVO	R MARRIED.	aclent	70 Jac	kson	
EE HANDROOM	SOCIAL SECURITY NUMBER	USUAL OCCU	10 Marri	RCED (specify)	CII INSCHRIED'	WIDOWED)	WAS DECED	ENT EVER IN U.S. ICES? [Specify Yes or No
PARTICIAN OF	13 542-40-8089 RESIDENCE-STATE	of working life,	(give kind of work doe	e during most	ı Ivan		12 NO	CES? Specify Yes or N
SIDENCE ITEMS.	O220-	COUNTY 14a FIOME	naker.		KIND OF BUSINE	SS OR INDU	KIDY	
	15aOregon	156 Klamath	CITY, TOWN, OR LOCATION	STREET	ND NUMBER OF REA	Ноще	2	
(51 17	niddle last MOTH	Klamath Fal	ls 5441	South C:	2, ZIP9 / C	01 Inside	City Limits
	Louis	robin	7	middle fas:		xth S	- 1 (SDec	it was as
	BURIAL CREMATION, REMOVAL MAUS (specify) 19-C. T. C. T	11/	Zeta Seyı	-	W OUNTAL WAY	ME and relation	onship to decease	1VO
SPOSITION:	19aCTemation Funeral septice venses or (Signature) To the best of my knowledge	19Siskivon	ONI-NAME		Ivan M	ccord	Spot	ıse
1	(Signature) ENSEE Or	Person Acting As Such NA	<u>Memorial</u> Crem	atorium	Mo de	y or town		
	200 July (July	Ano 200	DOWN ADDRESS OF FACILITY	IA	Liac Medi	cord,	Oregon	1
	A COUNTRY TO THE Cause(s) stated	death occurred at the time, da	reri with Si	skiyou F	ם בפסמוני		2100 S	iskiyou l
· · · · · · · · · · · · · · · · · · ·	21a [Signature]	RITURE	Perl With Si	DATE SIGNED	IMD. Day Vol	rvice	Medfor	d. Oreco
ERTIFIER ;	NAME AND ADDRESS OF C	ERTIFIER [Type or Print]	20	215 5	23/80	H	OUR OF DEATH	- OT EBOI
	NAME OF ATTENDING PHYS	Hutchings M	D 4005		23/80	21	_{ic} 0730]	Hrs.
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IF ANY WHICH GAVE	DATE RECEIVED SW		D., 1025 East		creer, Me	dford	• OR 97	7501
RISE TO	DATE RECEIVED BY REGISTRAR (A. 22a SEP 23 19	Q. Ray. Yr.] REG	SISTRAR					
CAUSE C	- CE 1 20 13	QU 1			•			
UNDERLYING PA	IMMEDIATE CAUSE	(ENTER ONLY ON	[Signature]	as m	ellard	7 1		
CAUSE LAST	DUE TO CRASH TE	Read F.	E CAUSE PER LINE FOR (3). [b].	(ND [c])	ward			
\rightarrow	DUE TO, OR AS A CONSEQUENCE					T	Interval between	onset and death
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NOE UP	Z. GONZEQUENCE	Or				- 1	Interval between	onset and death
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DEATH PAR	OTHER SIGNIFICANT CONDITION	INS—Conditions contributing to	death by				merval between o	inset and death
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