ECEASED NAME First		Middle	Lest	kon				EATH (month, d ember	^{lay, year)} 30, 193(
Horac	e E	AGE—Last birthday	Hama	LKET.	Under		DATE OF BI	RTH (month, d	ay, year)
ACE White, Black, American Indian, 8 c (specify) White	Male	(years) 92	mos. 5b		hount 5c	min.	a Augu	ıst 21	
TTY, TOWN OR LOCATION OF DEATH	LINEDITAL OR OTH	FR INSTITUTION NA	AME I	F HOSP OR II	INST: Indicat	te DOA. Specifyi	COUNTY OF	FDEATH	* * *
Klamath Falls		street and number)		OP/Emer Rm. 7c D.C			7d Klan	WAS DEC	EDENT EVER IN
ame country)	U.S.A.	MARRIED, MIDOWED, Mail	NEVER MARR DIVORCED (S Tried	maciful		ほうち 行え	Hamak	ARMED F	Yes
Oregon 9 OCIAL SECURITY NUMBER	U. D. A. USUAL OCCUPA of working life, ev	TION (give kind of worl	k done during	most	KIND	OF BUSI	NESS OR IND	WSTRY	
3 540-36-2962	14a Loar	n Officer		0000	14b I	ede.	ral La	and Bar	nk nside City Limits
ESIDENCE—STATE COUNT	n lamath	CITY, TOWN, OR LOC.		1		一一年代,李年代			specify yes or no)
5a Oregon 15bK.I	lamath		first mid	die las	st INFOF	RMANT—	NAME and rel	lationship to de	cessed
J.O. Hamaker		Anna M. Ho	orton					naker,	Wife
RIRIAL, CREMATION, CEM	Etonnol H		g+A*			ATION KT	city or town		, Oreg
UNERAL SERVICE LICENSEE OF PEROS A		HE AND ADDRESS OF	FACILITY		19c	X.		Or	e. 9760
Signature / Mills (MIL	200	O'Hair's	Funera	ıl Cha	apel	<u>, 51</u>	5 Pine	e, Kla	math Fa
To the best of my knowledge, death	occurred at the time, da	ate and place and		DATE SIGNE	FC 3	Day, Yr]		HOUR OF D	15 A
due to the cause(s) stated 21a [Signature] NAME AND ADDRESS OF CERTIFIE	ER Trodes Print			216	<u></u>	1 12	<u> </u>	121c Ø:	10 H.
F NAME AND ADDRESS OF CERTIFIED SERVICES 21d Jon S. Wayla	and M D	Medical	Den+	l. B14	d. I	Klam	ath F	alls.	Ore. 97
Page 100 S. Way 12	IF OTHER THAN CERT	TIFIER [Type or Print]			<u></u>			,	
NAME OF ATTENDING PHYSICIAN			NA BUR	Estation .		马法			
216 DATE RECEIVED BY REGISTRAR (Mb., Da	an No.)	EGISTRAR	<u> 1980 - 1990</u> Digwyddiadau			<u>areans.</u> Santili			
DEC 311	1980	26 (Signature) \$ ONE CAUSE PER LINE I	Class	dia i	lien	un			
228 IMMEDIATE CAUSE	LENTER ONLY	ONE CAUSE PER LINE	FOR(a), (b). A	4ND [c]]		Wileyi.		Interva	il between onset an
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DUE TO, OR AS A CONSEQUENCE OF								Interva	Min. Detween onset an
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(b) DUE TO, OR AS A CONSEQUENCE OF								Interva	il between onset an
(b) DUE TO, OR AS A CONSEQUENCE OF		ng to death but not rela			Ť1(a)]/		(Specify Yes	Interva	of between onset and between one of the between one of
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(b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) ART OTHER SIGNIFICANT CONDITIONS """ """ """ """ """ """ """ """ """	F: 5 Conditions contribution		ated to cause g		IT i (a)	AUTOPSY or No! 24	(Specify Yes	Interva WAS MED	of between onset and between one of the between one of
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o'clock P M., and duly recorded in A.D., 1981at1:50 May 4th day of EVELYN BIEHN COUNTY CLARK 10028 M81_{of} Deeds on page_

3.50 Fee \$

By We tra a Ganga deputy