	-0				7.			
ragon	613	r	ERTIFICATE	OF DEATH	Vol.	M <u>8/</u> Pag	e_1	0377_
STATE H	EALTH DIVISION man Resources		Vital Recor	그 사람이 불다는 사람들이 불편하게 했다.				
E	r 219		Vital Recon			State File	e Number (month, day	, year)
RINT I LHENT	Local File Num	First	Middle	Lindsey		2 June	198	1
ick /		arrison	D.	Lindor 1 vo	at Under 1 day	Decem	ber 7,	1903
CTIONS	RACE White: Black American India etc (specify)	, Mais	(years) 7 50	NAME 56	OR INST Indicate DOA Peri Impatient [Special	COUNTY OF DE	HTA	
300K	White  CITY, TOWN OR LOCATION OF D	Licent	AL OR OTHER INSTITUTE	Conter la II	npatient   SPOUSE OF MARK		WAS DEC	EDENT EVER IN U.S. DRCES? [Specify Yes or No]
1	7a Klamath Falls	75 22	WHAT COUNTY	WED, DIVOHUED (A.	_		12	Yes
DENT	ume courty)	19 0.5	THE WOOD IN A STORY	Married Id #0% dome doing most	ì	pailroad		nside City Limits
GEATH ARED IN ITUTION.	SOCIAL SECURITY NUMBER	of wi	R.R. Engine	er	EET AND NUMBER	RAFO, ZIP 97	601	specify yes or no)
ANDBOOK ARDING ETION OF	13 700-10-3208 RESIDENCE-STATE	COUNTY	Klan	nath Falls 1:50	1502 IVOTI	NT - W.E and relat	rest p to d	eceased
ICE ITEMS	15a Oregon FATHER -NAME first	150 Klama middle last	MOTHER - Marden Nam	ne test mater	ia Et	ta Lindsey	, Wife	State
	Cun Lindsey	- CENETERY (	17 DOTA		LOCATIO	amati Fal	s,	Oregon
20	BURIAL, CREMATION. REMOVAL, MAUS. (specify)	Ete	rnal Hills Me	morial Garden RESS OF FACILITY	S 1:9c A1		o kla	math Falls, Or
SITION	Burial FUNERAL SERVICE LICENSE [Signature]	E Or Person Ay ting As	O'Hair	's Funeral Ch	apel, Inc.	, 515 Pine	HOURO	math Falls, Or
II.	20a To the best of my know	viedge, beath occurre	at the time, date and place	and 21th	( 1414		21c 8	3:50 A. M
2	due to the cause(s) sti	CONTROL OF CERTIFIER IVE	e or Print)	860 Daggett S		h Falls, C	re.	97601
तिहास	- NAME AND ADDRES	m A. Bartl	ett M.D., 2	860 Daggett S	E., Klamas			
The state of the s	NAME OF ATTENDIF	NG PHYSICIAN IF OTI					_	
- BITHON	S 21e DATE RECEIVED BY REGIS	STRAR [Mo., Day, Yr.]	REGISTRAR 22b   Signatu	Loland	in from	<u>us                                    </u>	In	terval between onset and death
ANY H GAV	/E 22a JUI	4 1981	JENTER ONLY ONE CAUSE	E PER LINE FOR [a], [b]. AN	10 [c] ]			sterval between onset and death
AUSE	23 IMMEDIATE CAUSE	Ja bura	2 cank	2			\"	יישמע
ERLYII SE LA	NO DE AS A COL	NSEQUENCE OF:	: Gran	ditis				nte ral between onset and deat
<u> </u>	DUE TO, OR AS A CO	NSEQUENCE OF:				AUTOPSY (Specify	res WAS	MEDICAL EXAMINER NOTIFI
3	(c)	NT CONDITIONS-C	onditions contributing to deal	th but not related to cause g	West to Free State	01 NO	25	NO
ىللا	PART OTHER SIGNIFICA	Lingen	A Car MI HOUF	OF INJURY DESC	RIBE HOW INJURY	OCCURRED		
• -	ACCIDENT   Specify Yes o	DATE OF INUI	JRY [MD. Day: 1/2.] HOUF	M 26d	N STREE	T OR R.F.D. NO	CITY OF	TOWN STATE
5	26a INJURY AT WORK	PLACE OF INJU	JRY—At home, farm, street, felc [Specify]	26g				
	INDURY AT WORK    Specify Yes of No.    25e     FIESERVED FOR REGIS	261						
	FIESERVED FOR REGIS				, a ser many ser	<del></del>		
	A SA	. 5.						HS-2 (Re
			n.					i-t of a
	STA*	TE OF OREGOTE TE OF Klar	math	foregoing is	a correct	and comp	ete t	ranscript of a Health Servic
		This certi	fies that the death on file	with the Kla	math Count	y Departing		Health Service
	•	record of	9.01		DMAN REGI	SLIGI		
	0.0	(SEAL)		MACO III	. 4	, ر.	Deput	ry Registrar
		(SEAL)		By Clause	N 1 1991			
				Date 711 VOID IF ALTER	ED 1.30			
		KRIPES I	THOUT RAISED	SEAL OF THE K	LAMATH CO.	DEPT. OF	HEALT	H ZEKAICES
	Ņo	TIVALID WI	THOUL KAISED					
	CK 3.0		PASSA TO THE		er same til til stil	and file	d for	record on the
	State of (	REGON: COL	INTY OF KLAMAI	instrument wa	as received	and iffe		dad in
	1 hereby		10	31_at_10:50	A'clock A	M., and	duly	recorded in
	10th day	T0	A.D., 19	J1 86	> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	FVELYN BIEH!	N NTY SLOI	
		of Deeds	on pa	ge <u>10377</u> .		. 41	Liter	Ldeputy
4.					Bykle	rnechan	We we	<del></del>
	Fee \$ 3.	50						