DECEASED-NAME  First  CRES  RED  RED  DATE OF DEATH (momin, 69, year)  2 March 19, 1983  Set (epochy)  White  AGE—Last birthday  White  AGE—Last birthday  White  AGE—Last birthday  BZ  Son  Set (epochy)  To March 19, 1980  AGE—Last birthday  BZ  Son  Set (epochy)  To March 19, 1980  Set (epochy)  To March 19, 1980  AGE—Last birthday  BZ  Son  Set (epochy)  To March 19, 1980  Set (epochy)  To March 19, 1980  A pril 19,	TYPE PRINT IN	<b>21825</b> 94	- VII	tal Records l	Unit		83 Page 460
CRES - REED - REED - RATE OF DEATH (most not year) and the process of the process	MANENT LACK INK /	/				Sta	ate File Number
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Klamath Falls  West Medical Centerly  Wastern, mighted to the composition of the composit	DBOOK		4 Male 5	. 8	∠   <sub>5b</sub>	hours min 6	
TO BURNETH (If not in U.S.A.   TOWARD	1		(If not in either, give str	reet and number)	OP/Emor Da	NST. Indicate DOA. COUNTY C	
SOCIAL SECURITY NUMBER  13 549 - 07 - 2288  14	DENT	STATE OF BIRTH (If not in U.S.A.	Th WEST INE	MARRIED, NE	nteriza i no:	atient la	
SOUTH SECURITY NAME AND ADDRESS OF CENTRIFIER   Type or Princy    Signature	EATH RRED IN	8 I owa		l m Mar	ried L		ARMED FORCES? (Specify
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBERS OR R.F.D., ZIP 97601 Inside Copy Lumb (Appell of the County of	TUTION, VIDBOOK		TO WORKING INC. EVER	N (give kind of work of retired)	done during most	KIND OF BUSINESS OR IN	DUSTRY IV
SATE   Oregon   15th   Klamath   Klamath   Falls   15th	VRDING ETION OF KILLITEMS			Y. TOWN OR LOCA		14b	Retail Sales
TATHER-NAME first middle list MOTHER-Maiden Name first middle list INFORMANT-NAME and relationship to deceased  16		15a Oregon 15h	1			NO NUMBER OR R.F.D., ZIP	(abecity yestor no)
BURIAL CREMATION, CEMETERY OR CREMATORY—NAME BURIAL CREMATORY, NAME BURIAL SERVICE LICENSEE OF Person Acting As Such   NAME AND ADDRESS OF FACILITY  200 WARD'S - 1945 Main - Klamath Falls, Oregon 97   190 To the best of my knowledge, death occurred at the time, date and place and one to the cause (stated of the cause (stat		FATHER-NAME first middle				INFORMANT—NAME and re	UE 15e N
PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (b)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (b)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (b)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART 1 (a)   PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuling to death but not related to cause given in FART		RUDIAL CREMATION	17	-		l Mive B	
FUNERAL SERVICE LICENSEE OF PERSON ACTION AS SUCH INTERNAL SERVICE LICENSEE OF PERSON ACTION AS SUCH INTERNAL SERVICE LICENSEE OF PERSON ACTION ACTION ACTION ACTION ACTION ACTION ACTION ACTION STATE  TO THE DEST OF MY KNOWLEDGE, death occurred at the time, date and place and due to the cuscing stated to the		REMOVAL, MAUS. (specify)			l Dani.	3.1, 5. 15.11	
DATE SIGNED [AM. DESCRIPTION OF DATE AND ADDRESS OF CERTIFICAL [Type or Print]  21a [Signature]	SITION	FUNERAL SERVICE LICENSEE OF Person	Acting As Such NAME A	IND ADDRESS OF F	ACILITY	19c Klamath	talls, Orego
due to the cause(s) stated   March   M	·\	200 0 // 2000 7	200 W	ARD'S -	1945 Main	- Klamath Fa	lls. Orenon 9
ACCIDENT (Specify Yes or Ab)  ACCIDENT (Specify Yes or Ab)  NO  ACCIDENT (	·	due to the cause(s) stated	becomed at the fitte, date a	nu piace and	DATE SIGNE	D [Mo., Day, Yr]	HOUP OF DEATH
REGISTIAN   AND   PART   AND   PART   CONDITIONS—Conditions contributing to death but not related to cause given in PART   (a)   AUTOPSY [Specify Yas or Ab]   No   26b   No   26b   No   26c   No		NAME AND ADDRESS OF CERTI	FIER [Type or Print]	7	21b 3	78-83	21c 4:45 P ,
DATE RECEIVED BY REGISTRAR [Att., Att., 27]  DATE RECEIVED BY REGISTRAR [Att., Att., 27]  REGISTRAR  22a	तिहरी	8≹° ₂₁α Kenneth K.	Manee MD /	905 Mai	n. Suite 4	ino / Klamath	Colla C
DATE HECTIVED BY REGISTIAN [AD. 20]  DATE HECTIVED BY REGISTIAN [AD. 20]  PART (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in FART I (a)  ACCIDENT [Specify Yes or Ab]  DATE OF INJURY [Ab. Day, Yr.]  ACCIDENT [Specify Yes or Ab]  DATE OF INJURY—At home, farm, street, factory.  DIAM STATE  The DATE OF INJURY—At home, farm, street, factory.  LOCATION STREET OR RED NO CITY OR TOWN STATE  The DATE OF INJURY—At home, farm, street, factory.  DATE OF INJURY—At home, farm, street, factory.  LOCATION STREET OR RED NO CITY OR TOWN STATE	Į:	NAME OF ATTENDING PHYSICIA	N IF OTHER THAN CERTIFIE	R [Type or Print]	.,	NI AMACII	rairs, urego
22a   IMAR 2 8 1983   22b   Signature   Washing Function   22b   Signature   22b   Signature   Washing Function   22b   Signature   22b   Signature   Washing Function   22b   Signature	ANY	. 210	On the	and the second second second second second			
Interval between onset and described to cause given in PART I (a)   AUTOPSY [Specify Yes or No]   DATE OF INJURY [AND OR INJURY AT WORK [Swedty Yes or No]   PLACE OF INJURY—At home, farm, street, factory.   LOCATION   STREET OR RED NO CITY OR TOWN STATE   The Part of	E TO		22		u i t	•	The state of the s
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ACCIDENT [Specify Yes or Ab]  ACCIDE	<b>Z</b>	(c) Certe	rioselect	-c- 1/ee-1	distress		
ACCIDENT [Specify Yes of No] DATE OF INJURY [Mo. Day, Yr.] HOUR OF INJURY  N D  260  260  260  260  260  260  M 26d  PLACE OF INJURY—At home, farm, street, factory, location Street on R.F.D. No. City on Town State  (Sixterly Yes of No.)  (This 26)	p.	ART OTHER SIGNIFICANT CONDITION:	S-Conditions contributing to	death but not related	to cause given in PART	(a) AUTOPSY (Specify Yes	WAS MEDICAL EXAMINER NO
N C   26b   26c   M   26d		ACCIDENT [Specify Yes or No.] DATE OF	INJURY IND. Day YET THE	OUR OF INTERV	DESCRIPT VOW	24 IV D	T MI
INJURY AT WORK   PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Sixeolly]   LOCATION   STREET OR R.F.D. NO   CITY OR TOWN   STATE   City		26a 26b	26	ir.	1	JUHY OCCURRED	
[26]		1 Command March	INJURY-At home, farm, street		·	STREET OR RED NO C	ITY OR TOWN STATE
ILICERVED FOR REGISTRAL S USE		\			ing,		
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		record of de	eath on file w	ith the Kl	amath Count	and complete the Department of	runscript of a Health Services
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services		record or de					
of death on life with the <u>Klamath County Department of Health Services</u> .		or :		CONTACT CO.		. 4	
MARIAN ACKERMAN, Registrar Vital Statistics		St. Comments		MARIAN ACK	ERMAN, Rogi:	strar vital Stat	ISTICS
MARIAN ACKERMAN, Registrar Vital Statistics  By Claudio January Department of Health Services.  Deputy Registrar		- (SEAL)	). V		in Francis	. Deputy	
MARIAN ACKERMAN, Registrar Vital Statistics  By Claudin AR 29 1983  Date MAR 29 1983		- (SEAL)		By <u>Claud</u>	MAR 25 191	. Deputy	
MARIAN ACKERMAN, Registrar Vital Statistics  By Claudin MAD TO TORY, Deputy Registrar		- (SEAL)		By <u>Claud</u>	MAR 25 191	. Deputy	
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MARIAN ACKERMAN, Registrar Vital Statistics  By Claudic MAR 20 1983  NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES  STATE OF OREGON: COUNTY OF KLAMATH; ss I hereby certify that the within instrument was received and filed for	-L 1:	NOT VALID WITHOUTE OF OREGON: COnereby certify th	VOII  VOII  VOII  UNTY OF KLAN  at the with	By Claud Date D IF ALTERI L OF THE KI MATH ;ss in instru	MAR 29 19 iD LAMATH CO. I	DEPT OF HEALTH S	Registrar
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MARIAN ACKERMAN, Registrar Vital Statistics  By MARY 29 1983  NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES  STATE OF OREGON: COUNTY OF KLAMATH; ss I hereby certify that the within instrument was received and filed for record on the 29th day of March	rec	NOT VALID WITHOUTE OF OREGON: COnereby certify the	VOII  VOII  VOII  VOII  VOIT  VOIT	Date Date Date Date THE KI L OF THE KI MATH ;ss in instru	MAR 29 190 AMATH CO. I	DEPT OF HEALTH S received and t 1:19	Registrar SERVICES filed for

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