	HEALTH DIVISION uman Resources	GE CE	RTIFICATE	OF DEATH			
TYPE A PRINT	_ 	29717	Vital Record				
IÑ IMANENT BLACK	Local File N			is Jim	√Vol	<i>M8</i> 3 Page 1	82127
INK FOR	DECEASED-NAME	First LOIS	Middle MAY	LAST SCHIESEL	· 陈俊俊 (1965) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	State File Number DATE OF DEATH (month, day,	yonr)
UCTIONS SEE IDBOOK	RACE White, Black, American Indietc. (specify)	an, SEX	AGE—Last birthda (years)	· · · · · · · · · · · · · · · · · · ·		May 23, 1983 DATE OF BIRTH (month, day,)	ear)
	3 White CITY, TOWN OR LOCATION OF	(If not in either.	5a 74 OTHER INSTITUTION— give street and number)	NAME IF HOSP. OR IN	5c	6 December 16,	1908
EDENT	7a Klamath Falls STATE OF BIRTH (If not in U.S.A. name gountry)	175 A.La U	O. NUTSING	Home 7c Inpat	Indicate DOA, Inpatient [Specify] LIENT DUSE (IF MARRIED,	7dKlamath	NT EVER IN U.S.
DEATH RRED IN	8 Oregon SOCIAL SECURITY NUMBER	9 U.S.A.	SIPATION (give kind of a	rried	Emil Schi		ES? (Specify Yes or M
ANDBOOK ARDING LETION OF	13 541-09-8590 RESIDENCE-STATE	I OI MORAING III	les Sales/Se. CITY, TOWN, OR LE	lf Employed	14b Reta	il Sales 🥏	
GOÈ ITEMS.	15a Oregon	15b Klamath	15c Klamat		D NUMBER OR R.F D3 Shasta	Way (spec	City Limits ify yes or no) NO
<u>a.</u>	16 Albert - B	niddle last Mo	THER-Maiden Name Laura -	first middle last		AME and relationship to decease chiesel, husbar	
=	BURIAL CREMATION, REMOVAL MAUS. (specify) 19a Burial	CEMETERY OR CREM	ATORY-NAME Hills Memor:	inl Cardona	LOCATION	city or town state	<u> </u>
SILION	FUNERAL SERVICE LICENSEE	or Person Acting As Such	NAME AND ADDRESS	FFACILITY Davenpo	ort's Char	th Falls, Orego	Shanhand
E /		toe death ofcurred at the tim	20h OLLEN DOLL	th Sixth Street	, Klamath	Falls, Oregon	97601
NATER:	To the best of my knowled due to the cause(s) stated to the cause(s)	F CERTIFIER [Type or Print]	, J. Ca.	multon 5	25/0	8 3 _{21c} 7:2	5 P M
Buti	SEO 21d Fletcher NAME OF ATTENDING P	F. Conn, MD,	1905 Main S	treet, Klamath	Falls, Or	egon 97601	
IDITIONS F ANY	\ 218						
ICH GAVE ISE TO IEDIATE	DATE RECEIVED BY REGISTRA	83 . Day. Y.]	REGISTRAR 22b [Signature]	m . (106		
TALISE	PART (a) Cardo	LENTER ON	LY ONE CAUSE PER LINE	FOR(a) (b) AND(c)	CRU	Interval Patri	een onset and death
SEOF AUI	PART OTHER SIGNIFICANT COIL ACCIDENT (Specify Yes or No)	aster	VA - Al-	OGE TO DATE OF THE PART OF THE	or Noj	Ideales 16	een onset and death EXAMINER NOTIFIE NO
6	INJURY AT WORK PL	26b ACE OF INJURY—At home, to ce building, etc. [Specify]	26c arm, street, factory,	M 26d LOCATION S	TREET OR R.F.D. N	D. CITY OR TOWN	STATE
<u>\</u>	26e NO 26f			26g			
L		1. T. J. T. T. S.	E RETURN T	Q :			
	STATE OF OF County of 1		NEAL G. E ATTORNEY 210 NORTH KLAMATH F		SET)1		HS-2 (Rev. 1/
Po	This cei	tifies that t	he foregoing	is a correct	and comol	ete transcrint	
		or death on fi	ie with the	Klamath County	Departme	nt of Health Se	ervices.
	(SEA	is geach on 11	ie with the	Klamath County CKERMAN, Regis	Departme trar Vita	nt of Health Se	ervices.
	(SEA	AL)	MARIAN A By Date VOID IF ALT	CKERMAN, Regis	Departme trar Vita	nt of Health Se 1 Statistics Deputy Registra	ervices.
I re	NOT VALID NOT VALID NATE OF OREGON: hereby cert if second on the 2	VITHOUT RAISED COUNTY OF That the w	MARIAN A By Date VOID IF ALT SEAL OF THE KLAMATH: with in insetober A	CKERMAN, Regis CERED KLAMATH CO. D SS trument was D., 19 83 a	Departme trar Vita AY 2 7 19 EPT OF HE rece ived t 9;09	nt of Health Se 1 Statistics Deputy Registra 83 ALTH SERVICES I and filed fo'clock A	or
I re	NOT VALID NOT OREGON:	VITHOUT RAISED COUNTY OF That the w	MARIAN A By Date VOID IF ALT SEAL OF THE KLAMATH: with in instable A 1	CKERMAN, Regis CERED KLAMATH CO. D SS trument was D., 19 83 a	Departme trar Vita Y 2 7 19 EPT OF HE rece ived t 9;09 n page	nt of Health Se 1 Statistics Deputy Registra 83 ALTH SERVICES 1 and filed f o'clock A 18212	rrices.