33894

te of Oregon EGON STATE HEALTH DIVISION

CERTIFICATE OF DEATH

א נינווומו			Wat D	ecords Unit			-1
	٢	٦	vitai Re	Storus Ouit		date File Number	1
τ	Local File No			Last -		F DEATH (MUCH, CRy, year)	
DE	ECEASED-NAME	First	Midd'e		o Feb	ruary 12, 1984	
1	angen der ein werten der ein	Clara	Elsie	NABAKOWSKI Under 1 year	Under 1 day DATE C	F BIRTH (Indept) Cay (1): 173	
eto	ACE White, Black, American Indic. (specify)	1	(years)	mus days	hours min 5 Ap.1	ril 14, 1910	
(3	White	4 Female	5a 73	LE HOSP OR IN	ST. Indicate DCA, COUNT	Y OF DEATH	
C	ITY, TOWN OR LOCATION OF	Lttt not in either	give street and number)	70 -	Inpatient [Specify] 7d J	ackson	5 W 11 5
7.	Medford		N. Keene Way	NEVER MARRIED. SPO	DUSE (IF MARRIED, WIDOW	ED) WAS DECEDENT EVE	H IN U.S. Poly Yes or AC]
S n	STATE OF BIRTH (If not in U.S.A. name country)	"	WIDOWED,	DIVORCED (specify)	Donald Nabako	wskil: No	
* 8	Kansas SOCIAL SECURITY NUMBER	9 U.S.A	CUPATION (give kind of wo		KIND OF BUSINESS OF	INDUSTRY	
ı i		of working to	ite, even it retired)		14b Own Hom	e 07001 Insd: Cyur	n:s
	13 490-16-9249 RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOC		ID NUMBER OR R.F.D., ZIF	9/001 (specify year o	er no)
MS	-	156 Klamath	15c Klamath	<u> </u>	<u> 21 White Stre</u>	et. Isa ies po relations in più decinations	
→ !	153 Oregon FATHER-NAME first	middle idal init	OTHERMaiden Name	fits) RHOOH HEEL	L		hand
	16 Everett Sla	ter 17	Beatrice Mc	Cracken	18 Donald N	lahakowski - nus	110110
\rightarrow	BURIAL CREMATION, REMOVAL MAUS (SPECIAL)	CEMETERY OR CRE	MATORY-NAME		1	idan,	าท
		195 Eternala	Hills Memoria	1 Gardens	19c Klama	ath Falls, Oreco	97502
ION	FUNERAL SERVICE LICENSE	Or Person Acting As Sach	NAME AND ADDRESS C	F FACILITY	Ctuant	Contral Point	
1	Signature ///		I Camara Mas	AVIC XIII > 1	ront Street.	Central Point.	
	To the best of my know	ledge dráth accurius at the	fine date and place and	. I DATE SIGN	B 2 2 1984	21c 12:28 P	
	To due to the cause(s) side	14 (*		21b 1 L	<u> </u>	11.0 10.00	
700	NAME AND ADDRESS	OF CENTIFIER Type or Prin		anzanita, Cen	tral Point O	regon 97502	
	AND ADDRESS OF ATTENDING	el Heyerman I	M.D. 524 M	<u>anzanita, cen</u> i	<u>LIGI FUIIILA V</u>	1 4 3 3 3 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	NAME OF ATTENDING	3 PHYSICIAN IF OTHER THA	N CENTIFIEN L'YPE OF FINE				
ION2	21e	(DAD 146 - Co.: V-1	REGISTRAR		D	1	
VY GAVE	DATE RECEIVED BY REGIST	1 100/1	225 [Signature]	alma	Draw	leu	
TO		1 FAMED	ONLY ONE CAUSE PER UN	E FOR [a]. [b]. AND [c].]		Interval between o	xiset and death
SE /	PART.	1 ichien				interval between	name and death
LYING	DUE TO, OR AS A CONS	EQUENCE OF:				Interval between	U Coc. es es tredis
LAST	[, , , , , , , , , , , , , , , , , , ,			Account to the second s		Intenal between	onse: and death
	(b) DUE TO, OR AS A CONS	SEQUENCE OF:				I've as comes	
OF.	l l				TI (a) AUTOPSY (Soco	WAS MEDICAL EXA	N'NER NOTIFIE
TH 🎉	(C) PART OTHER SIGNIFICANT	CONDITIONS—Conditions of	ontributing to death but not	related to cause given in PAI	or AU]	(Social tes of Act)	
	11				/ INJURY OCCURRED	100	
	ACCIDENT Specify Yes or N	DATE OF INJURY [Mb. 4					
	26a NO	PLACE OF INJURY—At ho	26c	M 26d LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	TATE
	[Specify Yes or No]	office building, etc. (Specia	%1	260			
_	26e NO	261					
ſ	RESERVED FOR REGISTRA	14 9 USE				▗▗▗ ▗▗ ▗	
Ĺ	STATE OF OREGO	N .	CERTIFIED	COPY OF DEATH	I KECORD CO	OUNIY OF JACKSON	•
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· .	his certifies	that the fore	egoing is a co	orrect and con	MENL Whiere maniger	ript of a record	\
•	This certifies of death on f	ile with the J	ACKSON COUNTY	MEALIH DEPAR	TITTAT •		
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	DATE FEB 2 4		(SEAL)	. 6. 3			
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•	Fee (\$)	+.00		by A	In Am		uty

Return: Don Nabakowski 2021 White Ave., Klamath Falls. Oregon 97601

Fee

\$4.00