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Myrks a		OREGONS	MERENIE	
		DEPARTMEN	TOF HUMAN HES	ision Volvi Ourgess
THE PLEASE STATE	TO MAKE THE PROPERTY OF THE PARTY OF THE PAR	vi.		
<i>⊏ 3∥2</i>			CATE OF DE	ATH
		CERTIF		CA CA
	ile Number	Middle	Last	10 Marie 11
DECEASED NAME		T T	RAUSCHE	2, SR 2

	GED NAME	ber First EORGE	Middle F.	RAUSCHER	Under 1 day	DATE OF BUILDING	27, 1984 (month, day, year)	
PACE	White, Black, American Indian	SEX	AGE -Last bit (years)	rindsy Under 1 yeu	ys hours min	6 March	31, 1915	
etc (st	White TOWN OR LOCATION OF DE	4 Male	OR OTHER INSTITUTE	ON NAME P-0-166	JSC JF HOSP OR INS OP/Emer , Rm , k	it. Indicate DOA. Inpatient [Specify]	- Wanath	
1	Same River	(If not in each	Numbers or	n street) 7th S	St. 7c - SPOUSE (IF MARRIED		WAS DECEDENT EV APMED PORCES? [Specify Yes or No.
STATI	E OF BIRTH (If not in USA.	CITIZEN OF WH	A 10 I	Married	"Victoria	HINESS OR INDUS	atm't	
90CI	AL SECURITY NUMBER	USUAL of work	OCCUPATION (give king life, even if retired)	self employed	El ec	tricial (Contractor	Inside City Limits
1 .	554-14-7648	COUNTY	CITY, IUMIN,		P.O. Box 16	2	057	(specify yes or no)
	Oregon	15b Klamath	and The first	middle last (Maiden	Name) Ner Orania III		cohor wife	3
FATI	HER NAME 11751	niddle last her	Siisanah	P. Grieger	is Vict	LOCATION	city or town	
)16	Fred E. Rauso		CREMATORY-NAME	matory	Section displaying a second	19cKlama	th Falls, C	Oregon 9'
199	Cremation	190 Eterna	al Hills Cre	ematory mess of facility Dave	enport's Cha	apelof th	ne Good She Oregon 97	603-7194
	gratus .	Devender	OF 300 1800 CONTRACT CONTRACT	- 11 Careth ST	SIGNED IMP. Day, Y.		HOUR OF DEATH	
	- to me cause(s) state		- I-Y KAY	210			Q	276OL
	218 [Signature] NAME AND ADDRESS	OF CERTIFIER (Type o	(Print)	Dental Bldg.,	905 Main St	., Klama	th Falls, C)regon
	Š 21d Kenneth	K. Magee, M	ID, Medical- THAN CERTIFIER (Type	e or Print				rijani i sala <u>Salari</u> ini
	NAME OF ATTERCINO				ation (A.V. St.)	7 .		
	216 DATE RECEIVED BY REGISTE		REGISTRAR 22b (Signalia	alma	<u> </u>	(augus	Interval between	en onset and deat
VE	22a AUG 2	A STATE OF THE PROPERTY OF THE	TER ONLY ONE CAUS	F PER LINE FOR (a): (b). ANI	D (c)		prine	_ عوابد
HE PA	3 IMMEDIATE CAUSE	plory o	rrest	•			Interval betwe	een onset and death
ING 1	(a) DUE TO, OR AS A CONST (b) DUE TO, OR AS A CONST	EQUENCE OF!	g Librer	come of to	x :- q		Interval between	een onset and deal
<u> </u>	(b) DUE TO, OR AS A CORS	EQUENCE OF:			//		- WAS MEDICAL E	EXAMINER NOTIFI
OF .	(c) ART OTHER SIGNIFICANT	CONDITIONS—Condit	ions contributing to deat	h but not related to cause give	n in PART (a) AUTO	OPSY [Specify Yes	Specify Yes or h	No No
1	ARY OTHER SIGNIFICANT		化硫化物 化甲基苯甲基苯甲基苯基		99 N STARA - PUSE	NO	25	
11871		A	- VI IV	OF INJURY DESCRI	24 BE HOW INJURY OCCU	and the first of the contract		
	ACCIDENT Specify Yas or N	DATE OF INJURY	[Mb. Day, Yr.] HOUR	OF INJURY DESCRI	BE HOW INJURY CASS	JRRED	CITY OR TOWN	STATE
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	ACCIDENT (Specify Yes or No 26a NO NAURY AT WORK (Specify Yes or No)	DATE OF INJURY 260 PLACE OF INJURY office building, etc.	[Mo. Day, Y/.] HOUR 26c	OF INJURY DESCRI	BE HOW INJURY CASS	JRRED		STATE
	ACCIDENT (Specify Yas or N	DATE OF INJURY 260 PLACE OF INJURY office building, etc.	[Ado. Day. 1/.] HOUR 28c:—Al home, farm, street, fa (specify)	OF INJURY DESCRI	STREET, OR	JRRED		STATE
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