5.75 (2.15)		6.1	A TOP TO		1 1 1 1 1
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36		1.0		40.00	

OREGON STATE HEALTH DIVISION VOI. M8 Page 16787

DECEASED-NAME	First		Middle		Lost		DATE OF DEA	ATH (month, day, yo	ear)
1	JACK		THO	MAS	WINKLE			ember 21	
RACE White, Black, Americ etc. (specify)	an Indian. 8	EX	AGE (years)	-Last birthday	Under 1 year			TH (month, day, ye	
3 White	4	Male	5a	59	5b	5c		20, 192	
CITY, TOWN OR LOCATIO	N OF DEATH	(If not in either	R OTHER INS	Street	ME	OP/Emer	OR INST. Indicate DOA, Rm , Inpatient [Specify]	7d Klama	
7a Chiloquin		IZEN OF WHAT			EVER MARRIED,	7c ~	ARRIED, WIDOWED)		T EVER IN U.S.
STATE OF BIRTH (If not in name country)	1		COUNTRY	WIDOWED, D	NVORCED (specify) er Married		ANNED, MOONED,	ARMED FORCE	87 (Specify Yes o
8 SOCIAL SECURITY NUMB		U.S.A.	CUPATION (o	10	done during most	II KIND O	F BUSINESS OR INDU	1,5	
13 541-22-348		of working	ite, even it reti imber G	ired) _		14b	Timber Indu	ıst. rv	
RESIDENCE—STATE	COUNT	1774		OWN, OR LOCA	TION STREE		R OR R.F.D., ZIP		Inside City L
15a Oregon	ısı K	Clamath	15c	Chiloqui	in 15d	145 Sec	ond Street		(specify yes
FATHER-NAME first			OTHER—first	middle	last (Maiden:N	ame) INFORM	IANT-NAME and relat	ionship to decease	d
₹ 10		nkle 1,7		ie Mae	McGhee	18 B	etty L. Hor		
BURIAL CREMATION, REMOVAL MAUS (specify	v) .	ETERY OR CRE					LOCATION	city or town	state
19a Cremation	19b	Eternal	Hills	Cremato	ry			th Falls	
FUNERAL SERVICE LICEI	// K	<i>B</i> _	NAME AND	ADDRESS OF	FACILITY Dave	mport's	Chapel of	ne Good	onepnero
20a Apellan	J. KVRUY	yport	20b 642	U South	Sixth Str	GNED (Mo. Day	math Falls,	HOUR OF DEATH	4/005~/1
due to the cause(s	stated /	44.1		piace and	1.1		21, 1984	4.0	
21a [Signature] NAME AND ADDR	Keun JESS DE CERTIFIE		1 37		1 216 0	op compet	21, 1704	21c 0:0	
Se 21d Kenne				1_Denta	1 Bldg. 9	O5 Main	Street, Kla	amath Fal	ls. Oreg
NAME OF ATTEN	DING PHYSICIAN	IF OTHER THAN	CERTIFIER	Type or Print)	_ D_0_0, /	0) 1.04	301000,		
NAME OF ATTEN	tt E. Hov	ard, MD	2622	Campus	Drive, Kla	nath Fal	ls, Oregon		
DATE RECEIVED BY REC	GISTRAR (Mb. Da	y. Yr.]	REGISTR		1		, ,		
22a SEP 24	1984		225 (Sign	nature 1	Therene	ما م	wents		
23 IMMEDIATE CAUSE		(ENTER O	NL ! ONE CA	USE PER LINE	FOR [a], [b], AND (c)	j		Interval betw	een onset and d
PART (a)	polis	- Pul	money	chr.	rest			mm	w/t
DUE TO, OR AS A CO			• /					Interval betw	een onset and d
			114.					.]	H 7
) (b)	C-0-	reld L	entiés	ma			· · · · · · · · · · · · · · · · · · ·	Interval between	een onset and d
(b) DUE TO, OR AS A CO	C-0-		_entié_	.ma				Interval betw	reen onset and o
(c)	INSEQUENCE OF			ath but not relate	ed to cause given in P	ARTI(a) AU	TOPSY (Specify Yes	T WAS MEDICAL	een onset and d
(b) DUE TO, OR AS A CO (c) PART OTHER SIGNIFICA	INSEQUENCE OF			ath but not relate	ed to cause given in P	10	Nb)	WAS MEDICAL	EXAMINER NOT
(c) PART OTHER SIGNIFICA	INSEQUENCE OF	Conditions con	tributing to dea	ath but not relate		ART I (a) AU or 24	No No	T WAS MEDICAL	EXAMINER NOT
PART OTHER SIGNIFICA	INSEQUENCE OF	Conditions con	tributing to dea		DESCRIBE HO	24	No No	WAS MEDICAL	EXAMINER NOT
PART OTHER SIGNIFICA II ACCIDENT [Socialy Yes on 26a NO INJURY AT WORK	NNSEQUENCE OF	-Conditions con	Pributing to dea	R OF INJURY		24	NO NO	WAS MEDICAL	EXAMINER NOT
(C) PART OTHER SIGNIFICA ACCIDENT [Specify Yes or 26a NO INJURY AT WORK [Specify Yes or Ab]	NATE OF I	Conditions con	Pributing to dea	R OF INJURY	DESCRIBE HO M 26d LOCATION	24 DW INJURY OCC	NO NO	WAS MEDICAL Specify Yes or I	examiner not wj No
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STATE OF OREGON: COUNTY OF KLAMATH:ss I hereby certify that the within instrument was received and filed for record on the 27 day of September A.D., 19 84 at 4:03 o'clock P and duly recorded in Vol M84 of Deeds on page 16787

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00 Index: \$1.00

, Deputy