4999	12 '85 JUN 19 1	以上 J DEPARTI	TE OF IOWA	LTH-	Ve	114-	rage	9174
TYPE	BIRTH NUMBER	CERTIFIC		DEATH	- SEX	DATE OF DEATH	STATE FILE NUMBER	
OR PRINT IN PERMANENT	Charles F Scl	huling		DATE OF BIE	2. Male	3. Dec 3	1,1984 EATH	
FOR STRUCTIONS		BIRTHDAY (YEARS) MOS. DAYS	- I DADLE I DAIL	YEAR)		1		TINST
SEE	4. White	Se 70 Ss.			1 23 1905 TION-Name (II not in			OR INST, Indicate DOA, Rm., Inpatient (Specify)
		Wos	14. 6260 AC	dventu MARRIED,	reland Dr	SPOUSE (IF WIFE,	GIVE MAIDEN NAME I	No
JAL	STATE OF BIRTH (IF HOT IN U.S.A., HAME	11:	WIDOWED, DIVO	A	(PT)			EVER IN U.S
ERS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND O WORKING LIFE, EVEN IF RETIRED)	OF WORK DONE DURING	MOST OF	IM OF BUSINE	Hitto	WAS DECEASED ARMED SERVICES OF SERVICE.	. VIVE DATES
NSTITUTION, SIDENCE FORE	12. 485 36 6543	13 Owner OPerator	OR LOCATION		INSIDE CITY LIMIT	STREET AND	NUMBER	
	146 Towa 145 Pol	1k 14A1 toon	1a	OTHER	TRIPS	146260 A	Adventurel:	and Drive
PARINTS	FATHER—NAME FIRST John Schuling	MIDDLE	LAST M	Lucy	G.Wentz		1 C7-7	
	IS. John Schuling		MAILING ADDRE	ESS	ISTREET OR R.F.D.	. NO., CITY OR TOWN		
	Sharon Orlins	ED BY:	IN 6612 S	iherida ME CAUSE PER	an , Des Mo	AND (c)]	BETW	APPROXIMATE INTERVI WEEN ONSET AND DI
1 L Er	PART I. DEATH WAS CAUS	TE CAUSE						, # %
AN 16 1	195 <u>sue 10, 1</u>	Congestive Heart			Disco			
414 T.D. 1.	CONDITIONS IF ANY	Arteriosclerotic	<u>uardiovas</u>	cular	שואפמse			
- 4 /4	IMMEDIATE CAUSE (O). DUE TO,	OR AS A CONSEQUENCE OF:				IERE A	UTOPSY IF YES	WERE FINDINGS
CAUSE=	PART IIa. OTHER SIGNIFICANT COND RELATED TO CAUSE GIVEN IN PART I (a	DITIONS: CONDITIONS CONTRIBUTIN	IU DEATH BUT NO	DT b. II PREGNA	IF FEMALE, WAS THE NANCY IN THE PAS YES (1) NO C	T 6 MONTHS?	L 1195.	S WERE FINDINGS D IN DETERMINING
	ACCIDENT, SUICIDE, HOMICIDE, D	DATE OF INJURY (MONTH, DAY, YEAR		HOW	INJURY OCCURR	ED CENTER NATURE	OF INJURY IN PART I C	OR PART II, ITEM 18)
	OR UNDETERMINED (SPECIFY)		204.	M. 26d.	TREET OR 8 0 -	. NO., CITY OF	TOWN, COUNTY,	STATE)
	INJURY AT WORK PLACE OF I	INJURY AT HOME, FARM, STREET, FACTORY SECTOR SPECIFY 1	20g.		_		· _	
	20s. 20f.	occurred ay the time thate and place and du	ue to the		DATE SIGNED (Mo., 1 21b. 1-10-85	Day, Yr.)	HOUR OF DEATH	
	(Signature and Title)	OTHER THAN CERTIFIER (Type or Print	. <i>Da /VI</i> . 6		-iu 10-70t			
CERTIFIER	NAME OF ATTENDING PHYSICIAN IF	&:Waketield		or Prints				·
	WALLS AND ADDRESS OF CERTIFIER	M. D., M. E. 1	915 HICKIN	an De	es Moines	, Iowa 50	7314	STATE
4. *	BURIAL, CREMATION, REMOVAL	CEMETERY OR CREMATORY	NAME		LOCATION	CITY OR	R TOWN	. عامل
	24a Burial	746. Highland M						
	DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME A	uneral Hor	me: 605	I von St.	Des Moi		50309 DATE RECEIVED
BURIAL	Jan 3, 1985 FUNERAL DIRECTOR—SIGNATURE		F.D. LIG. 110.		· .	Ro 9		24.1-15
	256 Ante P	1 Japle	_{25c.} 1438	260.	Cornie	, unds		CPC-71277
SHD-011-3/79								$\frac{1}{2} = \frac{s^{\frac{1}{2}}s^{\frac{1}{2}}}{4^{\frac{1}{2}}s^{\frac{1}{2}}}$
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		Clark D. Rasmus	CERTIFICATE	a Di	Court of			± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1
		i. Clark R. Rasmus the State of Iowa, it	in and for Polk C	County, do	o nereby l			-
		certify that this is a Ongoing instrumen	a true and com nt filed in this (office.	py or the ¶			
		IN TESTIMONY W	YHEREOF, I have the Seal of said	court at in	ny office			
		in Des Moines, low	othis	ئے۔۔۔ da	ay of			
ಬ		Janus	CLERK R. RAS	SMI Icer	N I			
ùt:		ρ°	CLARK R. RAS Clark of the Dis	strict Cour	art .			
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	R & McGEHEE FIRST AVE.							
P.0.	FIRST AVE. D. BOX 476		÷					
), BOX 478 Oregon 97383-0476							
STATE	OF OREGON: COU	NTY OF KLAMATH	ctrumeni	f Mac	receive	ed and	filed for	r
I here	aby certify that	the within in	strument A.D.			9:52	o'clock	$\frac{A \ M}{e^{917}}$
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