6	5467 _		3 12					
		IBS 7		STATE OF OREGON STATE H DEPARTMENT OF I Vital Reco	DHEGON EALTH DIVISION IUMAN SERVICES	<u>NBM</u> IO	Page	
TYPE OR PRIN	DECRACED	Local File Yumber	74 JULY 2007 F. 1984	CERTIFICATE ORS -	OF DEATH			
PERMANEI BLACK INK	<b>"</b>	JOHN	W	Middle ALLACE	Last	Sta DATE OF E	te File Number DEATH (month, day, year	
INSTRUCTION SEE	ONS   a White	American ir dian, etc. SE	Male	AGE — Last birthday (years	) Under 1 year Un mos. days hou	der 1 day DATE OF B	June 30 IRTH (month, day, year)	, 1986
	7 Near R	eatty	76 2's mi S	ER INSTITUTION — NAME street and number)		HOSP. OR INST. Indicate DO Emer. Rm., Inpatient (speci	APTIL 4	, 1927 н
DEGEDEN IF DEATH OCCURRED IN	a Arkansa	as	EN OF WHAT COUNT	Milepost 37 TRY MARRIED, NEVER WIDOWED, DIVOR 10 Marri	MARRIED, SPOUSE	IF MARRIED, WIDOWED	1	amath ÆRINUS
INSTITUTION SEE HANDBOO REGARDING COMPLETION O	13 561 - 2	26 - 0480		ON (Give kind of work don retired)	e during most of KIN	Alcaria P OF BUSINESS OR IND		pecily yes or no) NO
RES DENCE ITEM	is Oregon	County	CIT	IN TOWN OR LOCATION	The same was	IDER OR H.F.D.	ching / Fa	side City Limite
	FATHER-NAME 16 John Pl	first middle las	MOTHER -		(Maiden Name) INFO	X 154  DRMANT — NAME and re	(8)	pecily yes or no)
DISPOSITIO	BURIAL, CREMATION REMOVAL, MAUS. (s) 19a Burial	pacify)	Y OR CREMATORY	- NAME	18	Alcaria	Plemons /	Wife
1	FUNERAL SERVIDE L ISignature	ICENSEE or posson acting	STATE A	ills Memori	Y		nath Falls	, Or.
2	CERTIFICATION M	EDICAL EXAMINER	EATH OF THE DECE	ARD'S - 194	5 Main - к.	lamath Fall	ls, Or 9	97601
CERTIFIER	21a 3:30 1		WAS PRONOUNCED Day Year 30 1986 at	D DEAD FF	D ABOVE, AND IN MY OF IOM: NATURAL CA	D		
MEDICAL EXAMINER		1.66	to con	NA		CIDE II		CIDE [] DING []
	MEDICAL EXAMPLER			216	TE SIGNED (Month, Day.	George R.	Nicholson,	MD
CONDITIONS IF ANY WHICH GAVE RISE TO	DATE RECEIVED BY R	REGISTRAH (Mo., Day, Yes	LAMATH (1) REGIST	RAR 21g	July 7,	1986		
IMMEDIATE CAUSE STATING THE	PART IMPEDIATE ON	SE THENT	ER ONLY ONE CAUS	SE PER LINE FOR (au (b)	MANDELL E.	Craws	cho	
CAUSE LAST	DUE TO, OR AS A C	CONSEQUENCE OF:	MARIONO	to Hen	PD JOES	21	Interval between and death	onset
CAUSE OF	DUE TO, OR AS A C	ONSEQUENCE OF:		<del></del>			Interval between and death	Onsel
DEATH	PART OTHER SIGNIFICA	ANT CONDITIONS - Cond	litions contributing to	death but not related to c			interval between and death	onset
5	DATE OF INJURY (Alonth	D. Day, Year) HOUR					AUTOPSY (Speci or No) 24 NO	ily Yes
6	25a INJ AT WORK (Specify Yes or No)	PLACE OF INJURY — At h	25 c	LOCATION				
79 . 100 [	25d  DID HOSPITAL REPRESEI  YES   NO   N/A	25e	(Spacity)		(Street or R.F.	D. No., City or Town, Co.	unty, State)	
	RESERVED FOR REGISTR	IAR'S USE	FOR ANATORICAL	GIFT CONSENT?	WAS GIFT MADE? YES □ NO □ N	A 🗆		
L								
SI	<b>T</b> • • • •			L-VITAL STATIST	ICS COPY		45-107	Rev. 1-8
	TATE OF OUNTY OF	P TOT AREA					1 12	
				a correct and	i complete tr	anscrint of		
	of death on Ti	tit			or mearth.	ervices.		
	· 三: 。 C 3 %		MARI.	AN ACKERMAN,	Registrar Vit	al Statistic	:s	
	SEAL		Date	andereni ?	e Crawie	Deputy Re	gisrtar	
NOT	VALID WITHOUT	A DATOWN	VOTO TO		1986	_		
	VALID WITHOUT	A RAISED SEAL	OF THE KI	AMATH COUNTY	DEPARTMENT O	F HEALTH SER	VICES	
	OREGON: COUN						7	
Filed for r	ecord at request -c			ż				
of	September A	.D., 19 86 at	3:12	-	the	2nd		
	Of		Dood -	o'clock P M	, and duly record	d :- xr ·	day	- المساور
FEF	\$5.00 Return: Alcar		Deeds	oclock P M. on Page Evelyn Bi	and duly recorde		day	