STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN SERVICES VItal Records Unit CERTIFICATE OF DEATH State First INCHRISTING INCHRISTING INCHRISTING OFFICE OF DEATH AGE White Black. American Indian, etc. SEX ANDBOOK AGE SEX SEX AGE - Last birthday (yeers) AGE - Last birthday (y		'86 OCT	8 PM 12	38CERTIF	IED_COPY_O	DEATH R	ECORD .	T(*;**)		Total Control
STATE OF OREGON Test of the control	TYPE OR PRINT	079	999 ID TAG NO. 175	7	STATE OREGON STAT DEPARTMENT (Vital R	OF OREGON E HEALTH DIV OF HUMAN SE	VISION RVICES \	lalise, Ore	QON 97338	
Part	HMANENT BLACK	1	First	and	_CERTIFICA	TE OF DE	ATH	s	Slate File Number	444
DELINE THE CONTROL OF	TRUCTIONS SEE	3 white	rican Indian, etc. S	EX			II Linda	DATE OF	F DEATH (month, day	year)
The part of the pa		7a Dalla-		HOSPITAL OR C	THER INSTITUTION -	mos. day	5c hours men	ie Fal	house as	
AMERICAN PROJECT WEST AND A POINT TO THE PROJECT OF THE POINT AND A POINT AND	DEATH	STATE OF BIRTH (If not name country) 8 Missouri		ZEN OF WHAT CO	Street Mana	-	17c Inn	Inpatient (spe	ecity)	DEATH
TABLE IN COPERATION TO THE POIR TO THE POIR TO THE POIR T	HANDBOOK GARDING PLETION OF	13 492 07 145	76	USUAL OCCUP	ATION (Give kind of wor	done device	n Dorotha	1	ARMEDFORCE	
TOTAL STATE OF OREGON CUITAL CHARGE TWO AND THE THREE PART OF THE	ENCE ITEMS	15a Oregon	156	, J	CITY, TOWN OR LOCAT	ter				
Datis Burial 199 Datis Cemetery 190 Datis Ce		16 Cuthan	middle ia Wease	SI MOTHE	H — first middle	last (Maiden Nam	1 SE Jeffe	ZIP POSON S	St. 97338	Inside City Limitspecify yes or n
DATE SIGNIFICANT CONDITIONS SET 150 AT THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS DIFFER TO CHERK SIGNIFICANT CONDITIONS COND				Dallas (RY - NAME		118 Dorot	ha We	ase; spous	se
ACCIDENT (Specify the carried) states of the terms and and place and one country states of the terms and and place and one country states of the terms and t	2				E AND ADDRESS OF FA	PILITY		19c	Dalla	the state of
MOTIONS NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME OF A WORK OF A		due to the cause(s) 21a (Signature) NAME, TITLE AND	stated. death pcc	at the time, da	le and place and	DATE SIGNE	694 Main	St. Da	allas Oreg	20n 97338
MODITIONS IN ANY INCH GAVE IN INCH GAVE IN ANY INCH GAVE IN ANY INCH GAVE IN ANY INCH GAVE IN INCH GAVE IN ANY INCH GAVE IN ANY IN	Ü			\ L	•				14- 0-/-	
ACCIDENT (Specify 7610 FM) ACCIDENT (Specify 7610 FM) ACCIDENT (Specify 7610 FM) ACCIDENT (Specify 7610 FM) BORNE ON ONE OF THE SIGNAL ENABINER MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ORIGINAL—VITAL STATISTICS COPY ASSENVED FOR REGISTRARS USE POLICE OF OREGON COUNTY OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY REGISTRAR		u 21n	TO PHI SICIAN IF C	THER THAN CER	TIFIER (Type or Print)	uglow, Dall	as, OR		zip: 97338	
DUE TO, OR AS A CONSEQUENCE OF TAIL LAND INTERNAL PART (a) CONTROL TO TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND INTERNAL PART (b) CONTROL TO TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND DUE TO, OR AS A CONSEQUENCE OF TAIL LAND TO THERS IGNIFICANT CONDITIONS — Conditions continuous global hour related to cause given in PART 1 (a) TO TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND ACCIDENT (Specify Yes or No) DATE OF THE TAIL LAND Interval between onset and death Interval Detween onset and death Interval Detwe	MEDIATE 2	20 Spttmb	17 24,198	6 2200	Signature.	1.				
USE 01 OUE TO ON AS A CONSEQUENCE OF. LO PD Interval between onset and death Interval between onset and each Interval between onset and each	DERLYING PART	(a) RCLOISE	TOTY	TER PINLY ONE CA	USE PER LINE FOR (8),	MULLY SCO	par			
PART OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) AUTOPSV (Specify Ves or Not) Specify Ves or Not) 269		(b) Arlenia	1.	C	1					1.
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ORIGINAL—VITAL STATISTICS COPY STATE OF OREGON COUNTY: OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR POLK COUNTY REGISTRAR ORIGINAL—VITAL STATISTICS COPY OSSIGNAL—VITAL STATISTICS COPY OSSIGNAL—	17.77	(0)	QUENCE OF:	1	-					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ORIGINAL—VITAL STATISTICS COPY STATE OF OREGON COUNTY: OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY REGISTRAR POLK COUNTY REGISTRAR ORIGINAL—VITAL STATISTICS COPY ORIGINAL—VITAL STATISTICS COPY ASSISTMENT OF OREGON THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. OSLIE AAL O	4 "	IDENT (C	NDITIONS Condi	tions contributing to	o death but not related to c	suse given in PART I (a)	AUTOPSY (Son			
STATE OF OREGON This certifies that the foregoing is a correct	IN.III	no	DATE OF INJURY (A	o., Day, Year) HO	UR OF INJURY D		Or No)	15,		ER NOTIFIED
STATE OF OREGON THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT, POLK COUNTY REGISTRAR	26e	no offi	ACE OF INJURY _ ice building, etc. (Sp	At home, farm, streedly)	et. factory, LOCAT	<u> </u>				
ORIGINAL-VITAL STATISTICS COPY STATE OF OREGON COUNTY OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR	YES	OSPITAL REPRESENTATIV	E MAKE REQUEST	FOR ANATOMICA	26g L GIFT CONSENT?			CITYO	R TOWN STAT	E
STATE OF OREGON COUNTY OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR		TED FOR REGISTRAR'S U	SE				-			
STATE OF OREGON COUNTY OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR				ORIGII	VAL-VITAL STAT	ISTICS CODY				
COUNTY OF POLK AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR										45-2 Rev. 6-86
FILE WITH THE POLK COUNTY HEALTH DEPARTMENT. POLK COUNTY REGISTRAR	, SIA COUÌ	TE OF OREGON	•	IS CERT	IFIES THAT	THE FORE	GOING 19	A CO.	DALOT	
POLK COUNTY REGISTRAR										
S. C. I. P. M. C.	. 08	LALE		77111	THE TOLK (OUNIT HE	ALIH DEP/	ARTMEN	VT.	er i
Shirley Stoan	DATE	Carlo.					GISTRAR			
	and the contract of the contra	THE WALLEY RE			_ 5	Eirlen	Stoan			
STATE OF OR	CTATE C	and the second s				0	-		Andrea de constituir de la constituir de	
STATE OF OREGON: COUNTY OF KLAMATH: ss.				MATH: ss	makasi perindikan di melilik. Kanangan		e an Limber .			
Filed for record at request of	of	ecord at request of	A.D., 19 81	5 at 17	2:38		the	8+5		
of Deeds Octock P. M., and duly recorded in Vol. 186	First A	of			OCIOCK		L 1.7	n Vol	Uav	
FEE \$5.00 Evelyn Biehn, County Clerk By		3.00			Ev	elyn Biehn.	County Cle	rk	The state of the s	