A0637	CHECOLE ME OF	ONEGON VOLUM	
Dragno (20)	OREGON STATE OF THE PARTY OF TH		Of Personal Property Con-
BAACK PICTURE PICTURE PROTECTIONS PARTY PICTURE PICTUR	SERTIFICATE Middle	OF DEATH	State File Number E Of DEATH (mosts, 669, year)
SEE 1 ANDBOOK GITY, TOWN OR LOCATION OF DEATH HOS	AGE Last birthday (years)	Under 1 year Under 1 gay Day	November 1, 1986
7a Klamath Falls Unoin	LOR OTHER INSTITUTION—NAME Dithor, give street and number; 34 SUMMER'S Lane AT COUNTRY MARRIED NEWS	IF HOSP, OR INST. Indi OP/Emar. Rm., Inpatient	JULY 20, 1924 Cate DOA, COUNTY OF DEATH
SURRED IN SOCIAL SECURITY NUMBER USUAL C MANDROOK (0.71)	A. WIDOWED, DIVORG	ARAIED, SPOUSE (IF MARRIED, WID!	Ta Klamath DWED) WAS DECEDENT EVER IN U.S. ARMED FORCEST(Epocly) yes or in 12
COUNTY	CITY TOWN CO	red	RINDUSTRY
16 Harry A. Sensenbach 17 RENOVAL MARTIN. CEMETER 17	OTHER - first middle last Christine R. B.	(Maiden Name) INFORMANT - NAME a	ane # 27 (specify proposed)
FUNERAL SERVICE LICENSEE OF ACCOUNTS	al Hills Memoria	LOCATIO	Sensenbach / Wife
3 30 218 (See	20bWARD S - 1945 me, date and place and	Main - Klamath Fal	lamath Falls, Or.
RIFER NAME TITLE AND ADDRESS OF CERTIFIER (Type See Name of ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (Type NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDING DESCRIPTION AND ADDRESS OF CERTIFIER (TYPE NAME OF ATENDRAL AND ADDRESS OF CERTIFIER (TYPE NAME OF THE OFFICE (TYPE NAME OF THE OFFICE (TYPE NAME OF TH	or Print) MD / 2850 5	215 7 8 / 5 / 5 L	HOUR OF DEATH 21c 1:00 P M
SOS 210 Brian E. KOester, NAME OF ATTENDING PHYSICIAN IF OTHER THAN JUDITIONS IF ANY ICH GAVE HISE TO MEDIATE DATE RECEIVED BY REGISTRAR (Mo., Day, Your) MEDIATE AND TO THE PROPERTY OF THE	CERTIFIER (Type or Print)	ett / Klamath Fall	S: Oregon / 97601
CAUSE 23 IMMEDIATE CAUSE	22b (Signature) - 22b (Signatu	Jusi E. Cia	
OUNSEQUENCE OF			Interval between onset and death Size well a
USE OF ICO OR AS A CONSEQUENCE OF ICO OR AS A CONSEQUENCE OF ICO OR AS A CONSEQUENCE OF ICO OTHER SIGNIFICANT CONDITIONS	STATE Colon	CANCEN)	Interval between onset and death
PART OTHER SIGNIFICANT CONDITIONS — Conditions contributed in the conditions of the			Interval between onset and ceets WAS MEDICAL EXAMINER NOTIFIED (Specify Yes of No.)
(Specify Yes or No) Z66 (NUMY — Al home: fam office building: etc. (Specify)	26c M 26d	SW INJURY OCCURRED	es Yes
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOL YES NO NA T RESERVED FOR REGISTRAR'S USE	26g MICAL GIFT CONSENT? N	AS GIFT MADES	OR TOWN STATE
	Y	SO NOD NAD	
	IGINAL-VITAL STATISTIC	S COPY	45-2 Per, 1-55
STATE OF OREGON COUNTY OF KLAMATH			
This certifies that the foregoin of death on file with the <u>Klamatl</u>	g is a correct and n County Department	complete transcript o	f a record
	MARIAN ACKERMAN, R	egistrar Vital Statist	
	Date Supplied	Deputy	
NOT VALID WETHOUT A RAISED SEAL OF THE	D IF ALTERED	<u> </u>	
STATE OF OREGON: COUNTY OF KLAMATH:		CEARLMENT OF HEALTH SI	ITYICES
Filed for record at request of	SS.		
A.D. 19 <u>36</u> at <u>7</u> of <u>Deeds</u> FEE \$5.00	on Page	the 20th and duly recorded in Vol	day
Ref. IM1- A	Evelyn Bi	hn, County Closi.	la H
	"2/, Klama	th Falls, Oregon 976	03