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STATE OF OREGON  
DEPARTMENT OF HEALTH SERVICES

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CERTIFICATE OF DEATH

Form for Death Certificate. Includes fields for: Name, Sex, Race, Date of Birth, Date of Death, Cause of Death, Place of Death, and Signature of Physician.

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ORIGINAL - WITH CORRECTED COPY

STATE OF OREGON, COUNTY OF CLATSOP

DATE ISSUED: 1987 JUN 11

THIS CERTIFICATE IS THE FORGING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH OF THE DECEASED AS KEPT IN THE CLATSOP COUNTY HEALTH DEPARTMENT.

*Heidi Muecke*  
Heidi Muecke, Public Health Administrator  
Clatsop County Department of Health Services  
By: *Heidi Muecke*

NOT VALID WITHOUT SIGNED SEAL OF THE CLATSOP COUNTY HEALTH DEPARTMENT

STATE OF OREGON, COUNTY OF CLATSOP

Filed for record at request of *Linda Perdue*  
at *June* 1987 of *1987* Volume *3* and this transcript is on Page *2015*

Fee \$5.00  
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