TYPE OR PRINT IN	ID TAG NO.	DEPARTMENT O Vital Re CERTIFICA	DF OREGON HEALTH DIVISION HOUSE HUMAN SERVICES CORD UNIT TE OF DEATH 146		7
PERMANENT BLACK INK	DECRASED - NAME First EARL RACE White, Black, American Indian, etc. SEX	MITCHELL	IRVINE	DATE OF DEATH	e Number Imonth, day, year) Riber 05, 1987
INSTRUCTIONS SEE HANDBOOK	Mailte 4 Mail	1e 5 62	ears) Under 1 year Under 1 day mos. days hours mid 55 5c	DATE OF BIRTH	(month, day, year)
DECEDENT	78 Klamath Falls (If not in U.S.A. CITIZEN OF VIRTHER COUNTY) CITIZEN OF VIRTHER COUNTY)	TAL OR OTHER INSTITUTION — N. in either, give street and number; STLE: West: Medic WHAT COUNTRY: MARRIED, NE	al Center 76 Emer	INST, Indicate DOA, C	OUNTY OF DEATH
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK	8 California , U. SOCIAL SECURITY NUMBER USUA	S.A. WIDOWED, DI	al Center 7c Emer Ven Married Spouse (IF Married Vonced (Apoctor) 11 Mary done during most of Kind of su	RIED, WIDOWED) W	AS DECEDENT EVER IN U.S. RMED FORCES?(specify yes or no) YOS
REGARDING COMPLETION OF RESIDENCE ITEMS	RESIDENCE - STATE COUNTY	Mec]	hanic 146 Fi	sh & Wild	life Service
	Earl - Irvine	MOTHER — first > middle **	Inst in /Maidea New 1 Lives	ZIP Z / U. NAME and relations	32 Inside City Limits (specify yes or no) 15e Yes
nisuoseum (BURIAL CREMATION, REMOVAL MAUS (specify)	CREMATORY - NAME	market 18	Mary :	Irvine / Wife
	(Signature)	NAME AND ADDRESS OF FAC	BILITY	19c Ma	lin, Oregon
2	CERTIFICATION - MEDICAL EXAMINER	OF THE DECEASED PERSON DESC	Main - Klamath	Falls, Or	e 97601
5 3 3 1 1 1 3 1 5 5	DEATH OCCURRED (How). THE DECEASED WAS PARENTED BY MORTH, Day, Morth, Day, Day, DERTIFIER (Signature).	PHONOUNCED DEAD 1987 at 1625 w	RIBED ABOVE, AND IN MY OPINION D FROM: NATURAL CAUSES D 210 HOMICIDE	ACCIDE	NT - SUICIDE -
XAMINER 2	10 - VEDIGAL EXAMINER	am .a00.	NAME AND TITLE — (Type or Print)	UNDETERMIN	ED PENDING D
47 1 5 × 1 € 2	ror Kla	lmath, County	DATE SIGNED (Month, Day, Year)	用的证据 经银行	cKellar, MD
WHICH GAVE	DATE RECEIVED BY REGISTRAR (Mo., Day, Year) DEC 1 0 1987	22h (Signatura) - MI	whill Box	December 9), 1987
CAUSE STATING THE UNDERLYING CAUSE LAST	Atherosclerotic		(b) AND (c).	M)	Interval between onset
	DUE TO, OR AS A CONSEQUENCE OF:		1.nraegae	kā draga gada v Servija kara	Interval behave
	DUE TO OB AS A CONSTRUCTOR OF	.ccion (**)	TANKS TO SELECT THE SE	nan ing panggar salah ing	and death
公司中国的	Probable	KTTA STATE STATE			Interval between onset and death
	be Probable Arrhyth OTHER SIGNIFICANT CONDITIONS — Conditions	IMIAS contributing to death but not related	to cause given in PART I (a)		interval between onset and death AUTOPSY (Specify Yes or No)
DEATH PART	LE Probable Arrhyth OTHER SIGNIFICANT CONDITIONS — Conditions TE OF INJURY (Month, Day, Year).	MIAS contributing to death but not related	to cause given in PART I (a)		Interval between onset and death AUTOPSY (Specify Yes or No.) 24 Yes
DEATH PART II II DAN 5 DAN SON SON SON SON SON SON SON SON SON SO	(e) Probable Arrhyth OTHER SIGNIFICANT, CONDITIONS — Conditions a TE OF INJURY (Monin, Day, Year) HOUR 250 AT WORK SIGNIFICANT (Monin, Day, Year) HOUR 450 450 450 450 450 450 450 450 450 450	CONTIDUING TO death but not related HOW INJURY OCCURRED (# 25c Larm, street, LOCATION 231	to cause given in PART I (a) Internative of injury in Part I or Part II, (Street or R.F.D. No.,		Interval between onset and death AUTOPSY (Specify Yes or No.) 24 Yes
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