a (Local - servalinder 1. DECEDENTS First Models Last 2. SEX 3. DATE OF DEATH (Month, Day, Year) 1. DECEDENTS First Models
DECEDENT	541-09-9613 80 B Ref Core of C
1	96. FACILITY NAME (# not institution, give street and number) 4813 Cottage Avenue Klamath Falls Klamath 11. MARITAL STATUS - Married, Wickwed)
3	Home Maker Own Home Married Per And Number 13c CITY TOWN OR LOCATION 13d STREET AND NUMBER
. 4——— 5———	Oregon Klamath Klamath Falls 4815 Cottage Avenue 13e. Histor City 13t. 20 CODE 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Cabe). 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Cabe). 15. RACE American India. 15. RACE American India. (Specify crity highest grade completed) (Specify crity highest grade completed) (Specify crity highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)
B	DYES EYNO 97603 South White 17. FATHER - NAME first moddle last 18. MOTHER - NAME first middle maiden 19. INFORMANT - NAME and relationship to deceased Henry Hajicek, husband Phillip - Dessinger Katherine - Brady Henry Hajicek, husband
	20a METHOD OF DISPOSITION [] Mausoleum . 20b PLACE OF DISPOSITION (Name of ceretary, consistory, or cheer) 20c LOCATION - City or Town, State 20c LOCATIO
DISPOSITION	21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR 21b LICENSE NUMBER PERSON ACTIVITY S FUNERAL SERVICE LICENSEE OR 22b O'Hair's Funeral Chapel, 97601 (07 Licensee) 22. MAME, ADDRESS AND ZIP OF FACILITY OF FACILITY OF FUNERAL SERVICE LICENSEE OR 22b OF FACILITY OF
8	TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED BY CERTIFYING PHYSICIAN 27 TIME OF DEATH 24. WAS MEDICAL EXAMINER NOTIFIED? 27 TIME OF DEATH 27 DATE PRONOUNCED DEAD (Month, Day, Yoar, Hour)
6	23. TIME OF DEATH 24. WAS MEDICAL EXAMINEN NOTIFIED? 29: 30 A . M 25. To the best of my knowledge, doe)n occurred gi_the time, date, place and due to the cause(s) stated. 25. To the date of the cause(s) stated. 26. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. 27. To the date of the cause(s) stated. 28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated.
CERTIFIER	(Signature) M.D. 28. DATE SIGNED (Month, Day, Yoar) COUNTY
10 11	July 21, 1988 30. NAME, TITLE ADDRESS AND ZP OF CERTIFIER/MEDICAL EXAMINER (Type or Park) Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601
CONDITIONS IF ANY WHICH GAVE	31. NAME OF ATTENDING PHYSICIAN P OTHER TOWN CONTINUE OF THE PROPERTY OF THE P
RISE TO MANEDIATE CAUSE STATUS THE UNDERLYING CAUSE LAST	PART (a) Interval between ormet and double 10 Part 10
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF: OUE TO, OR AS A CONSEQUENCE OF:
13	35. MANNER OF DEATH 386. DATE OF INJURY 365. TIME OF 366. INJURY 37. WORK? 35. MANNER OF DEATH (Abordo, Dey, Year) NIJURY XI WORK?
14	SyNatural Pending Investigation
REGISTRA	
• 0	39. DID NOSHTUL REPRESENTATIVE MAKE/REQUEST FOR MATCHICAL GIFT CONSENT? O YES ON SENIA RESERVED FOR REGISTRAR'S USE
	ORIGINAL—VITAL STATISTICS COPY THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
	HEGISTERED AT THE OFFICE OF THE RESIDENCE OF THE RESIDENC
James By	

∘ _{FEE} \$8.00

Return: Carol Dedrick 123 Arbor Dr., Eugene, Or. 97404