SCOULS SCRIPTY NUMBERS   SA AGE - 188 EMPTRY   SA   No. 1099   INAN   IN	•	1. DECEDENTS First Medico Martha Marie	DD ANITOD	OF DEATH (Month, Day, Year) Otember 23, 198
DESCRIPTION    The Control of Principles   Description   D		541-22-2092 (Years) 64 (Mos. Days Hours	UNDER 1 DAY   6. BIRTHPLACE (City and State or Foreign   7.	DATE OF BIRTH (Month, Day, Ye.
2. 1. 1. AMPRIL STRUE MAN DECEMBER 1 STRUE MAN DECE	DECEDEN	8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  U.S. ARMED FORCES?  HOSPITAL:   Impaient   ER/Outpatient   Impaient   Impaien	9a. PLACE OF DEATH (Check only one)	
See Description of Business and Process of Section of Section 1 (1997) (	134	9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
BRIEK TELES - SURT   19. COUNTY   SCITT, TOWN, ORLICATION   34 STREET MORNINGER   2435 Wantland Street   12. Decision   12. De	2	- I (Give kind of work done in the most of working at	USTRY 11. MARITAL STATUS - Married, 12.	
OFECON.   Klamath   Klamat	3	(2) <u>에 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	Divorced  -	
Secretary Part Read (1) The Secretary Read (1	5	Oregon Klamath Klamath Fa	uls 2435 Wantland S	
TREETISS   TAMES HAVE HIS MODER HAVE HIS MOTHER HAVE HIS MOTHER HAVE HIS MOTHER HAVE HIS MODER HAVE AND AND HIS MOTHER HAVE HIS MODER HAVE AND HIS MODERN HAVE AND HIS MODER HAVE AND HI	6	Maylon Bunto Diena sta 17 Mar	yban, Black, White, etc. (Specify) (Specify of Elementary/Soco	dary (0-12) College (1-4 or 5-
Design Complete State of Part	PARENTS	17. FATHER - NAME first middle last 18. MOTHER - NAME first	1 / middle . maiden 19. INFORMANT - NAME and re	lationship to decuased
21. SCONTURE OF FUNERAL SERVICE LICENSEE ON 21. LICENSE NUMBER 107 LECENSE AND 20 OF FACILITY O'Hair's Funeral Chapel 97601  3329  TO BE COMPLETED BY CERTIFYNO PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMINETER TO BE COMPLETED		20a METHOD OF DISPOSITION   Mausoleum   20b PLACE OF DISPOSITIO		Hayes, daught
O'Hair's Funeral Chapel 97601  TO BE COMPLETED BY CERTIFFING PHYSICAN  TO BE COMPLETED ONLY BY MEDICAL EXAMINER  27a. TIME OF DEATH 27a. TIM	DISPOSITIO	21a, SIGNATURE OF FUNERAL SERVICE LICENSEE OR		s, Oregon
TO BE COMPLETED BY CERTIFYING PHYSICAN  TO BE COMPLETED BY CERTIFYING PHYSICAN  TO BE COMPLETED DIVING PHYSICAN  TO BE COMPLETED DIN	7	PERSON ACTING AS SUCH (OF LEG	O'Hair's Funeral Cha	pel 97601
22. TIME OF DEATH  23. INMS NEDICAL EXAMINER NOTIFIED?  25. To the best of my knowledge, death occurred at the time, date, place and does to the cause(s) stated.  26. DATE SIGNED (Month, Day, Year)  27. TIME OF DEATH  77. 30 P. M. September 24, 1988 10:00 / 2. On the President Month Day, Year, Hour)  77. 30 P. M. September 24, 1988 10:00 / 2. On the Death of the Indian Month of the Signatury of the bests of my knowledge, death occurred at the time, date, place and does to the cause(s) stated.  (September)  28. DATE SIGNED (Month, Day, Year)  29. DATE SIGNED (Month, Day, Year)  29. DATE SIGNED (Month, Day, Year)  20. DATE SIGNED (Month, Day, Year)  20. DATE SIGNED (Month, Day, Year)  20. DATE SIGNED (Month, Day, Year)  21. DATE SIGNED (Month, Day, Year)  22. DATE SIGNED (Month, Day, Year)  23. DAME, TITLE, ADDRESS AND 20 OF CERTIFIEN MEDICAL EXAMINER (Typo or Pres)  30. NAME, TITLE, ADDRESS AND 20 OF CERTIFIEN MEDICAL EXAMINER (Typo or Pres)  31. NAME OF ATTENDORY PHYSICIAN IF OTHER THAN CERTIFIEN (Typo or Pres)  32. DAMEDIATE CAUSE (EVIETH DAY, Day, Year)  33. DAMEDIATE CAUSE (EVIETH DAY, DAY, DAY, DAY, DAY, DAY, DAY, DAY,	8	Control of the contro	The Dt.; Mallatin	ALL STATES
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.   22. DATE SIGNED (Moran, Day, Your)   22. DATE SIGNED (Moran, Day, Your)   23. DATE SIGNED (Moran, Day, Your)   24. DATE SIGNED (Moran, Day, Your)   25. DATE SIGNED (Moran, Day, Your)   26. DATE SIGNED (Moran, Day, Your)   27. DATE SIGNED (Moran, Day, Your)   27. DATE SIGNED (Moran, Day, Your)   28. DATE SIGNED (Moran, Day, Your)   29. DATE SIGN	9	23. TIME OF DEATH 24. WAS MEDICAL EXAMINER NOTIFIED?	27a. TIME OF DEATH 27b. DATE PRONOUNCED DE	AD (Month, Day, Yuar, Hour)
10	CERTIFIE	25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.	[6] 28. On the basis of examination and/or investigation	In my opinion death occurred
September 26, 1988 Klamath  12  12  13. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Typo or Pirk)  Robert N. Edwards, M.D., 2865 Daggett Road, Klamath Falls, Oregon 97601  31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Typo or Pirk)  SEPTEMBER CAUSE  CAUSE	T. (CB/S).	(Symano)	(Signality) Just 10 du	//
ROBERT N. Edwards, M.D., 2865 Daggett Road, Klamath Falls, Oregon 97601  12 CONDITIONS  CONDITIONS  31. NAME OF ATTENDING PHYSICIAN FOTHER THAN CERTIFIER (Type or Pirit)  32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  34. Interval between onset and death of Chronic Myelocytic Leukemia  35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  36. Immediate Cause (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  36. Immediate Cause (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  37. Immediate Cause (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  38. Immediate Cause (ENTER ONLY ONE CAUSE PER LEVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardior or Respiratory Arrust.  39. Interval between onset and death and death arrust and death a			Sentember 26 1000	
CONDITIONS  F. ANY WHICH GIVE WHICH GIVE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  Thrombotic Complications secondary to Chronic Myelocytic Leukemia  Thrombotic Complications secondary to Chronic Myelocytic Leukemia  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  Thrombotic Complications secondary to Chronic Myelocytic Leukemia  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardian or Pospiratory Artest.  FOR (a), (b), AND (c), AND (c	att de la seriation	Robert N. Edwards, M.D., 2865 Dagge	deat	
ARE DATE   ARE DATE   ALIES (ENTRY ONLY ONE CAUSE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardisor or Respiratory Arrust.   Interval between orised and death and death with CONTROL   ART (a) Thrombotic Complications Secondary to Chronic Myelocytic Leukemia   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Due TO, OR AS A CONSEQUENCE OF:   Interval between orised and death   Disabeties   D	FANY	Contract (1990 or 1991)	468/4-12-4-13-2-13-3-13-3-13-3-13-3-13-3-13-	57001
CAUSE OF:  COMBORD OF:  CAUSE OF:  COMBORD OF:  COM	RISE TO MINEDIATE	32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (B). (b). AND (CL) O	to not enter mode of dying, e.g. Cardioc or Respiratory Arrest.	Interval butween onset
DUE TO, OR AS A CONSEQUENCE OF:    CAUSE OF   CAUSE OF     DEATH   CONDITIONS - Conditions contributing to death but not robited to cause given in PART 1 (a)   33. AUTOPSY 34. If YES were findings consistent and death     13	STATING THE UNDERLYING	M1-	y to Chronic Myelocytic Leukem	Interval between onset
Diabeties    33. AUTOPSY   34. If YES were findings considered to cause given in PART 1 (a)   33. AUTOPSY   34. If YES were findings considered in determining cause of death   35. MANNER OF DEATH   360. DATE OF INJURY	CAUSE OF	. [4] Jan. 1-1		Interval between onset
13		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not rolate	nd to cause given in PART 1 (a) 33. AUTOPS	Y 34. II YES were findings considere
14	13	35. MANNER OF DEATH 369. DATE OF INJURY 366. TIME OF	36c INJURY 36d DESCRIBE HOW IN HERY OCCURRED	o in determining cause of death
15	14	☐ Accident Investigation	2005年   現たい   1 日本記録   1 日本記録 10 日本 10	
SEP 2.7 1988  39. DIQHOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?  40. WAS GIFT MADE?  UYES NO 20N/A	15	Manner 36e, PLACE OF INJURY - At home farm street	lactory, office 361, LOCATION (Street and Number or Rural Route	Number, City or Town, State)
39. DICHOSPITAL REPRESENTATIVE MAKE REQUYST FOR ANATOMICAL GIFT CONSENT? 40, WAS GIFT MADE?	REGISTRAR	37. REGISTRAR'S SIGNATURE  W. C. M.	DATE FILED (Month, Day, Year) SFP 2 7 1000	
	<b>8</b> [		NT? 40. WAS GIFT MADE?	
			∐ YES U NO ⊋ N/A	
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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.  CER 2 7 1000		DATEISSUED SEP 2.7.1988	MARIAN ACKERMAN	<b>813 H:1994</b>
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