	-	5-2M/C	ERTIF	ICATION (42 THE PROPERTY.	REC	ORD 💸	42			
	1.D. TAG N	io.	renenala de	HEALTH Vital Re- CERTIFICAT	DIVISION cords Unit TE OF DEA	тн	136-		e File Number	H (Month, Day, Year)	
y	1. DECEDENT'S FIRST			rádle	WOL.]		Tanuary	17, 1989 H (Month, Day, Year)	
	4. SOCIAL SECURITY		Birthday 5	Sb. Under 1 Year los. Days H	5c. Under 1 Day ours Mins.	Jear	gent. N	ebraska	August	4, 1898	
	508-09-95 B. WAS DECEDENT EV U.S. ARMED FORCE	ER IN	90	i	TOTHER:_	CE OF DEA	TH (Check onl)	dent's Home	Other (Specify)	OUNTY OF DEATH	
DENT	90. FACILITY NAME (It not institution, give s	treet and n	☐ ER/Outpatient ☐ umber)	9c. CIT	Y, TOWN,	OR LOCATION	OF DEATH	K	lamath	
	Mt. View	Care Cent	er	Ob. KIND OF BUSINE	SSANDUSTRY	Lance	11. MARITAL : Never Mari Divorced (:	ried, Widowed, Specity)	1 12. SPOUSE (II M		
	(Give kind of work life. Do not use re Plumber			Self Emp			Marr	ied	Elsie		-
- - -	13a. RESIDENCE - ST	ATE 13b. COUNTY Klama	th	Plumbing 13c. CITY, TOWN, C Mali	n	Lie DA	6 th	& Mark	et - BO2 13. DECEDENT'S pecify only highest	grade completed)	-
	Oregon 13e. INSIDE CITY LIMITS?	131. ZIP CODE		ECEDENT OF HISPAP y No or Yes - If yes, s n, Puerto Rican, etc.)	IIC ORIGIN? pecify Cuban, XI No ☐ Yes	1	CE American in ick, White, etc.	Elemen	ntary/Secondary (0-	12) College (14 of 5+7	-
	Xyes No	97632	Specify	18 MOTHER - NAME	first middle	ma	VIIICE	19. INFORMAN	Wolf -	tionship to deceased Wife	_
RENTS	Orlando	Morgan Wo	lf	Clara He		T1S of cometer	y, crematory, or	20c LOCATION	- City or Town, St	ate	
POSITION	XXBurial 🗆 Cren	DISPOSITION Mauss mation Removal fro	m State	Malin (emeterv	,		Mal	in, Oreg		_
	□ Constitute □ C	Other (Specify)————————————————————————————————————	LICENSEE		(Of Licensee)	EA 22.	ARD'S	S AND ZIP OF F	Main St.	07601	
	- PENSON ACTI	mes K		arel	3409	lκ	lamath REGISTRAR'S S	Falls,	Oregon	97601	
GISTRA	23. DATE FILED IM		1989		U DIET CONSEN	- 1		ica Be	nnedy	·	-
	25. DID HOSPITA	JAN 2 3 IL REPRESENTATIVE N	IAKE REQU	EST FOR ANATOMICA	(L GIFT CONSEN			мо ∑им			
<u>ر</u>			BY CERTIF	YING PHYSICIAN			TO BE		ILY BY MEDICAL E	XAMINER D (Month, Day, Year, Ho	out)
	27. TIME OF DEA	TH 28. WAS N	EDICAL EX	AMINER NOTIFIED?		100		l l			u
	29. To the bast of	of my knowledge, deati ause(s) and manner str	n occurred a	at the time, date, plac	e and	12. 0	In the basis of e it the time, date (Signature)	, place and due	to the causo(s) and	ny opinion death occurred I manner stated.	
ERTIFI		envit	K.r	roger_		13. D.	ATE SIGNED (M	onth, Day, Year)		COUNTY	
·		18 - 89		CONTROL EXAMIN	ER/Ivon or Print)						
	34 NAME, TITLE	, ADDRESS AND ZIP (F CERTIFIE	ERIMEDICAL EXAMIN					• • •		
3		h K. Mage	_ MT	1901	i notii -	<u> </u>	Klama	th Falls	s, Ore.	97601	_
4	Kennet	h K. Mage	e, MD	THAN CERTIFIER (T)	pw or Print)	<u>,</u>				Interval between on	set
CONDITIONS OF ANY WHICH GREET	Kennet 35. NAME OF AT 36. IMMEDIATE O	TTENDING PHYSICIAN CAUSE (ENTER ONLY CAUSE)	E MD	THAN CERTIFIER (T)	pw or Print)	<u>,</u>				Interval between ons	
CONDITION OF ANY WHICH G	Kennet 35. NAME OF AT	CAUSE (ENTER ONLY	e, MD IF OTHER	THAN CERTIFIER (T) PER LINE FOR (a), (b). Vascular	pu or Print) AND (G).) Do not e There	enter mode				Interval between one and death Interval between on and death Interval between on and death	nset
CONDITIONS OF ANY WHICH GREET	Kennet 35. NAME OF AT 36. IMMEDIATE (0) ATE PART ET THE YING AAST	CAUSE (ENTER ONLY C	e, MD	THAN CERTIFIER (T) PER LINE FOR (a), (b). Vascular	pw or Print)	enter mode	of dying, e.g. Ca	urdiac or Respirat	ory Arrest.	Interval between one and death Sand death Sand death Sand Sand Sand Sand Sand Sand Sand Sand	nset
CONDITION OF ANY WHICH G	SONS SINE SONS SINE SONS	CAUSE (ENTER ONLY CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONDITIONS OF THE CONDITIONS OF T	ONE CAUSE ONE CA	PERLINE FOR (9), (0), Vascular Lysal Wh	AND (c).) Do note There	enter mode Voca	of dying, e.g. Ca	ordiac or Respirate	Ory Arrest.	Interval between ons and death Interval between on and death Interval between or and death Interval between one and Interval b	nset
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