	$\sqrt{\ \ }$			ÇERȚI	X FICATIO	Å. ON OF	VITAL	ر REC	ORD >	1/27	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
		23 23	7		Atter	Necon	is Unit DEATI		136-		a File Number	D.C.	ر مرکز میرین		
D ##		1. DECEDENT'S First NAME		M	ddie		Last	MAS		z. sex M	January	атн (Month, Day,) у 11, 19	89		
! /		Theod	ER 5a. AGE - Last (Years)	Birthday 5	b. Under 1 Yea		Mins.	Countr Countr aP i	ne, OR			oer 11,1			
	DECEDENT	8 WAS DECEDENT EVER IN U.S. ARMED FORCES?		nation! [FR/Outpatien	1 DOA	98. PLACE O	F DEAT	H (Check only one 12 Dace	one) dent's Home [Other (Specify)			
		90. FACILITY NAME (If not institution, give street and number) 90. CITY.						TOWN, OR LOCATION OF DEATH SG. COUNTY OF				lamath			
1	2	Main Street 10a. DECEDENT'S USUAL DO (Gree kind of work done (ide. Do not use retired.)	working 10					11. MARUTAL STATUS - Married, 12. SPC Never Married, Widowed, Dryorced (Specify)			anes B.				
	3	Log Truck	, Ret				13d. STREET AND NUMBER			<u> </u>	·				
!	4 5	Oregon	Klamat	MAS DE	CEDENT OF H	Cent	GIN?	15. RÁCI Blači	Main Street CE American Indian, 15. DECEDENTS CK, White, etc. (Specify) (Specify only highest of			st grade completed			
	6	LIMITS?	7733	rSnerity.	No or Yes - If y Puerto Rican,	YOS, SDOCHY			nite	Elemen 1	0	0-12) Coilege (1-4	or 5+)		
•	PARENTS	17. FATHER - NAME first Theodore St	middle	التما	Ern	a Da	middle irker	maid		Agnes	B. St.	ationship to decea Thomas -	Wife		
į	DISPOSITION	20a, METHOD OF DISPOSITION Mausoleum 20b. F				FLACE OF DISPOSITION (Name of comes other place) entral Oregon Cre				İ					
;	7	Going Gothar (Specific) — According to 101						22. NA	ME, ADDRESS AND ZIP OF FACILITY			-			
1	8	PERSON ACTING AS	e mest	1179			Niswonger-Reynolds, 105 N.W. Irving, Ben			, Bend	d, OR 97701				
1	REGISTRA	23 DATE FILED (MOOTH, Day, Year) 13 MURRY 1989						26 WAS GIFT MADE?							
-	(25 OND HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DIFT CONSENT?							YES X		SCHOOL SECTION				
	10	TO BE COMPLETED BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER 318. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hou				ar, Hour)			
	11	27. TIME OF DEATH						10 15 3 January 11, 1989 10:30Am					:30A _M		
	CERTIFIÉ	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)						2. On the basis of examination and/or irrestigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)							
	12	30. DATE SIGNED (Month, Day, Year)						DATE SIGNED (Month, Dey, Year) (for Klamath Co)							
1	13 34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIERIMEDICAL EXAMINER(Type or Print)														
	14	Stednen L. Kingdy, The State of the State of Sta													
	CONDITION IF ANY WHICH GIV RISE TO	36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)Do not enter n							node of dying, e.g. Cardiac or Respiratory Arrest.				n onset		
	IMMEDIAT CAUSE STATING TI UNDERLYII CAUSE LAS	DUE TO, OR AS A CONSEQUENCE OF:						Toleral)				interval between and death			
		DUE TO, OR AS A CONSEQUENCE OF:											en onset		
	CAUSE							37. Did tobacco use contribute to the death? 38. AUTOPSY 39. If YES were funding on the death? 39. AUTOPSY 39. If YES were funding on the death? 39. AUTOPSY 39. If YES were funding on the death?							
	15	40. MANNER OF DEATH 414. DATE OF INJURY 41b. TIME OF INJURY AT W.						41d. DESCRIBE HOW INJURY OCCURRED							
	16	SNOT							/ U 10	otgun wound to the chest (410 Gauss) CATION (Street and Number or Rural Route Number, City or Town, State)					
		Suicide	Manner 41	. PLACE D	FINJURY - ALD	ome, farm, st Home	reet, factory, of	ice 41f.	LOCATION (St Lain St	reet and Number reet, G	r or Rural Route Tescent	Klam	nath,OR		
		RESERVED FOR REGIS											:		
				ORIG	GINAL -	- VITA	L STATIS	STIC	S COPY			45-2 (REV. 1-89		
inn,	muquing)b.	THIS IS A TF	IUE AND EX	ACT REP	RODUCTIO	ON OF TH	E DOCUME	NT OF	FICIALLY			ź	A ALADA		
4		REGISTERE	AT THE OF	FICE OF	THE KLAN	MATH CO	UNTY REGI	STRAI	R.		. .				
			.141	N 1 7	1090	•			ma	MARIAN	ACKERMAN				
N.		DATEISSUE	D		1303					KLAMATH CO	REGISTRAR DUNTY, OREG	<u></u>			
ð			William Control				***************************************	iriii)ii					THE COURT OF		
STA	TE OF C	REGON: COUNT	ry of Ki	_AMA1	TH: ss	s.						24 + h	ل		
		ord at request of	.D., 19 _	89	at 11	: 25	o'clock		M., ar	nd duly re	_ the corded in		day		
ot .					Deeds		Evely	on n I	Page <u>13</u> Biehn	388 Co	 untv Clerl	k			
FE!	eturn:	Niswonger-Re	ynolds,	Inc.			B	у _	Q M	es les co	Mue	lendar	20		
P	.O. BO	x 229, Bend,	OL. 91	, 0,											

411	Local File Number	CERTI	FICATE OF DEA	TH ''	36- s	tate File Number	11/0			
	1. DECEDENT'S First NAME Jasper	Middle Oren	Less TERRELL	1.3	2 SEX	January 14				
	4. SOCIAL SECURITY NUMBER 54 AQ	E - Last Birthday 5b. Under 1 1	fear 5c. Under 1 Day	6. BIRTHPLACE (City Country)	and State or Foreig					
	552 28 8604 7 8 WAS DECEDENT EVER IN HOSPITAL U.S. ASMED FORCES? HOSPITAL	Mos. Day		Rush Sprin		December 15,	1915			
DECEDENT	U.S. ARMED FORCES? HOSPITAL	Inpatient ER/Outpat	TOTHER:	Nursing Home 🖳 D		Other (Specify)				
1	90. FACILITY NAME (if not institution,		9c. CITY	TOWN, OR LOCATIO	N OF DEATH	f	Y OF DEATH			
	10a DECEDENTS USUAL OCCUPATIO	urtz Road H 10b. KIND OF	BUSINESSANDUSTRY	LaPine	L STATUS - Marrie	Klan				
2	(Give kind of work done during mo life. Do <u>not</u> use retired.)	1	cturing	Divorced	amed, Widowed, ('(Specify)					
b	Boilermaker		OWN, OR LOCATION	Marr 13d, STREE	ied	Bulah R.	•			
-	Oregon Klam	1	aPine			Kurtz Road				
5	136. INSIDE CITY 131. ZIP CODE	(Specily No or Yes - I	i yes, specify Cuban,	15. RACE American Black, White, etc	. (Specity) (S	16. DECEDENT'S EDUC pecify only highest grade	completed)			
6	□Yes 252No 97739	Specify:	n, etc.)XXNo 🗆 Yes	White	Eleme	entary/Secondary (0-12) Co	allege (1-4 or 5+)			
PARENTS	17. FATHER - NAME first middle	1		malden		IT - NAME and relationship				
	Charlie Jasper		Lice Luttrel F DISPOSITION (Name of co	emetery, crematory, o		R. Terrell	Wife			
DISPOSITION	🗀 Burlal 🔀 Cremation 🗀 Removal	I from State I) L Oregon Crema			BEnd, Oregon				
7	Donation C Other (Specify) 21a_ SIGNATURE OF FUNERAL SERVI		21b. LICENSE NUMBER	22. NAME, ADDRE						
8	PERSON ACTING AS SUCH	CE LICENSEE ON	(Of Licensee)	Niswonger						
9	Stal Bear	nolde	3331	105 N.W.I	rving	Bend, OR 97701	<u> </u>			
REGISTRAR	23. DATE FILED (Month, Day, Your)	AN 1 7 1989		24. REGISTRAR'S S	11/	d. /				
2.	25. DID HOSPITAL REPRESENTATIVE		MICAL GIFT CONSENT?	26. WAS GIFT MADE?						
. ()	YES NO XI N/A	no ⊡kn/a								
10	TO BE COMPLETE	ONDI ETEO OW	Y BY MEDICAL EXAMINER							
11	27. TIME OF DEATH 28. WAS	MEDICAL EXAMINER NOTIFIE		16. TIME OF DEATH		NOUNCED DEAD (Month,				
		es 🗆 No	place and	2. On the basis of ex	Minerios es d'act	westkeline is muchistic.	heath recovered			
CERTIFIER	29. To the best of my knowledge, deadue to the seuse(s) and magner s	UM	HAAN	at the time, date, (Signature)	place and due to	westigation, in my opinion of the cause(s) and manner s	lated.			
•	- STUMY E	J Hame	C LUVU K	•		·				
12	30. DATE SIGNES (Month, Day, Year) January 1	4, 1989	33. DATE SIGNED (Month, Day, Year) COUNTY							
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)									
14	Stuart G. Garrett M. D. 1501 N. E. Medical Center Drive Bend, OR 97701									
CONDITIONS IF ANY	James C. Davies, M. D.									
WHICH GIVE RISE TO IMMEDIATE	36. IMMEDIATE CAUSE IEM ER ONLY O	NE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mo	de of dying, e.g. Cardi	c or Respiratory	Urest. Interval and dea	between onset th			
STATING THE	DUE TO, OR AS A CONSEQUENT	CE OF	1			intervai	Delween onset			
UNDERLYING	13	outlet obstr		and dea	in between onsat					
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Return: Niswonger-Reynolds, Inc P.O. Box 229, Bend, Or. 97709