			1 1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	LD. TAG NO.	HEALTE! Vital Rec	ON OF VITAL REC	ORD N	
	Local File Number 1. DECEDENT'S First NAME	CERTIFICATI	E OF DEATH	136- State	File Number
	Martin	Last Birthday 5b. Under 1 Year 5o	WINTHER	2. SEX	3. DATE OF DEATH (Month, Day, Year)
	342-12-5066 85	Mos. Days Hour	c. Under 1 Day 6. BIRTHPLACE (Country)	City and State or Foreign	January 30 1989
DECEDEN	L Tesking No.	inpatient ER/Outpatient DO	Pa Piace Collins	10	Tuna da
1	THE PROPERTY	e street and number; Osevelt Streets	OA OTHER: Nursing Home Sec. City, Town, OR LOCA	Decedent's Home	Other (Specify) 9d. COUNTY OF DEATH
3	(Give kind of work done during most of life. Do not use retired.)	of working 10b. KIND OF BUSINESSIN	LMerrill	•	TOTAL OF DEATH
4	Grain Elevator Ope	rator Agricultus	re Never	Married, Widowed, ced (Specify)	SPOUSE (II Married, Widowed)
5	Oregon Klama	th Monnis	, St.	TTIED	Della .
6	I !	Specify No SECTION OF HISPANIC OR	RIGIN? 15. RACE America Cuban, Black, White, e		.O. Box 154) Roosevelt Sts
PARENTS	17. FATHER - NAME lirst middle	Specify:	White	Elementary	DECEDENT'S EDUCATION Only highest grade completed) Decondary (0-12) College (1-4 or 5+)
A	Peter - Winther		middle malden	19. INFORMANT - NA	ME and relationship to deceased
DISPOSITION	XXBurial Cremation Bernovel to-	eum 20b. PLACE OF DISPOSITION	N (Name of cemetery, crematory,	Della Wij	athon
8	Donation Other (Spacify) 21a. SIGNATURE OF FUNERAL SERVICE LICE PERSON ACTING AS SUCH	Memorial	nal Hills Gardens	- [.	
	D SUCH	CENSEE OR 21b. LICENSE (Of License	E NUMBER 22. NAME, ADDRE	SS AND ZIP OF FACILITY	alls, Oregon
REGISTRAR	23. DATE FILED (Month, Day, Year)	3329	515 Pi	s Funeral ne St., Klam	Chapel, 97601 ath Falls, Ore.
	25. DID HOSPITAL REPRESENTATIVE MAKE	1 1989	24. REGISTRAR'S SI		den Falls, Ore.
\sim $>$	□ YES □ NO XIR N/A	OH ANATOMICAL GIFT COM	NSENT? 26. WAS GIFT MAD	7	<i>Y</i>
10	TO BE COMPLETED BY CO	ERTIFYING PHYSICIAN	4 501 403 50		
į į	Za. WAS MEDICA	AL EXAMINER NOTIFIED?	TO BE CO		D DEAD (Month, Day, Year, Hour)
CERTIFIER	To the best of my knowledge, death occur due to the cause(s) and manner stated. (Signature)	rred at the time, date, place and			
	O. DATE SIGNED (Month, Day, Year)	· 	at the time, date, pt (Signature)	and due to the cause	30 1989 1:30P n, in my opinion death occurred s) and manner stated.
I 1			33. DATE SIGNED (Month	Day, Year)	M.D.
14	NAME, TITLE, ADDRESS AND ZIP OF CERTI	FIERIMEDICAL EXAMINER (Type or Prin	January 31,		Klamath
CONDITIONS IF ANY	William A. Bartlett S. NAME OF ATTENDING PHYSICIAN IF OTHER	R THAN CERTIFIER (Type or Print)	irmont Street,	Klamath F	ills, Ore 97601
RISE TO 36.	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE (A) DUE TO, OR AS A CONSTOLER.	E PER LINE FOR (a), (b), AND (c), Do not			
CAUSE PAR STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:	Natural	and en	r Respiratory Arrest.	Interval between criset and ceam
}}	DUE TO, OR AS A CONSEQUENCE OF:				interval between onset and death
DEATH PAR	ka				Interval between onset
1 2	OTHER CYCHESE				
15	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not rela	ated to cause given in PART L	37. Did tebecco use co	ntribute to surpose	
	to death but not rel	•	to the death?		39. If YES notice fundings considered in determining Choice of death?
16	MARRIER OF DEATH 41a DATE OF MARKET PROGRAM	FRAURY 41b. TIME OF L.	Yes XXNo Probably	Una Verifica	
16 41 17	ADDRESS OF DEATH STA. DATE OF STANKE, D.	F BLURY 41b. TIME OF 41c. INJURY AT WY	TO THIS GEATH? Yes/CANO Procedy RY FORK? 41d. DESCRIBE HOW IN.II	UNK YesXONO	98. If YES nevs inclings considered in determining closes of close?
16 17	MADDER OF DEATH Accident Deciming Ala DATE OF Street	F BLURY 41b. TIME OF 41c. INJURY AT WY	TO THIS GEATH? Yes/CANO Procedy RY FORK? 41d. DESCRIBE HOW IN.II	UNK YesXONO	98. If YES nevs inclings considered in determining closes of close?
16 17	ADDRESS OF DEATH STA. DATE OF STANKE, D.	FELURY 415. TIME OF 41C. INJURY AT WY	TO THIS GEATH? Yes/CANO Procedy RY FORK? 41d. DESCRIBE HOW IN.II	UNK YesXONO	98. If YES nevs inclings considered in determining closes of close?
16 17	ADDRES OF DEATH 41a. DATE OF STANDARY Pending Investigation Accident Indetermined Manner Manual Internation Manual Internat	F BLJURY 41b. TIME OF MARKY 41c. INJURY AT W. AT W. M	TO THE GOODS AND THE STREET AND THE	UNK YesXONO	98. If YES nevs inclings considered in determining closes of close?
16 17	ADDRES OF DEATH 41a. DATE OF STANDARY Pending Investigation Accident Indetermined Manner Manual Internation Manual Internat	F BLJURY 41b. TIME OF MARKY 41c. INJURY AT W. AT W. M	TO THE GOODS AND THE STREET AND THE	UNK YesXONO	99. If YES were bindings canaditived in discommissing cannot of disabl? In discommissing cannot of disabl? In Ves I No I N/A Yes No I N/A
16	IADRIER OF DEATH Accident Pending Interestingtion Pending Inter	FRAURY 41b. TIME OF MAJURY M 1c. IMJURY M 17 YESCS FRAURY-At home, farm, street, factory, etc. (Specify)	THE PROPERTY AND THE PROPERTY OF THE PROPERTY	UNK YesXONO	98. If YES nevs inclings considered in determining closes of close?
16	IADRIER OF DEATH Accident Pending Interestingtion Pending Inter	FRAURY 41b. TIME OF MAJURY M 1c. IMJURY M 17 YESCS FRAURY-At home, farm, street, factory, etc. (Specify)	THE PROPERTY AND THE PROPERTY OF THE PROPERTY	UNK YesXONO	99. If YES were bindings canaditived in discommissing cannot of disabl? In discommissing cannot of disabl? In Ves I No I N/A Yes No I N/A
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