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到是	F2061	OREGON	DEPARTME	NT OF HUMAN	RESOURCES			CHARA
	53961 I.D. TAG NO.		HEAL	TH DIVISION Records Unit	136			7 **
	52	7	CERTIFIC	ATE OF DEAT	Н	State 2. SEX 3	File Number	(Month, Day, Year)
1.	Local File Number DECEDENT'S First		Middle	CARLSON	& BIRTHPLACE (City and			
	James James	HOW RISA AGE - Last Birthday	ard 5b. Under 1 Year				May 28.	1927
	E 1 0 1 0 - 5 11 X X	(Years)	Mos. Days	Hours Mins. 9a. PLACE	Burlington OF DEATH (Check only	one)		
8.	U.S. ARMED FORCES?	IOSPITAL: Inpatient	☐ ER/Outpatient	DOA OTHER:	Nursing Home Dece TOWN, OR LOCATION	DF DEATH		OUNTY OF DEATH
01	E. FACILITY NAME (If not in 2241 Greensp	stitution, give street an		K1:	amath Falls	3	12. SPOUSE (II Ma	(lamath
	10a. DECEDENT'S USUAL OC	CUPATION during most of working	10b. KIND OF BUS	SINESSANDUSTRY	Divarced (S	specify)	Barbar	
1	Newspaper Ph	otographe	r Newspa	aper	Marr:	AND NUMBER	Darbar	
	13a. RESIDENCE - STATE	13b. COUNTY	757	on LOCATION	2241	Greens	rings D	CIVE
	Oregon 13e. INSIDE CITY 131. ZII	Klamath P CODE 14. WAS	S DECEDENT OF HIS ecity No or Yes - If yelican, Puerto Rican,		15. RACE American in Black, White, etc.	(Specify) (Spe	cify only highest of aryiSecondary (0-1)	2) College (1-4 or 5+)
		601 Spe	city:		White	19. INFORMANT	- NAME and relati	onship to deceased
>	17 FATHER - NAME first	middle last				Barbar	City or Town, Sta	lson, wife
TEVIE	Howard Eman	TION LI Mausoleum	20b. PLACE OF other place	DISPOSITION (Name of	Cemerery, cremery,	200 LOCATION		
OSITION	XXBurial Cremation	Removal from State	_ Klamat	h Memoria	l Park	Klama	A11.171/	oregon
	21a. SIGNATURE OF FUN!	ERAL SERVICE LICENS	EE OR	21b. LICENSE NUMBER (Of Licensee)				el, 97601 Falls,Ore.
	Merry	D Kei	$\mathcal{V}_{}$	3329	515 P11		1	
SISTRAR	23. DATE FILED (Month, L		989	arr cougeir	nance	gerne	Uij_	
	25. DID HOSPITAL REPP	RESENTATIVE MAKE RE	QUEST FOR ANATO	MICAL GIFT CONSERT		NO FRINA		
! ز	YES NO	a egymenter			TO BE	COMPLETED ONL	Y BY MEDICAL E	CAMINER (Month, Day, Year, Hour)
	TO B	E COMPLETED BY CER	EXAMINER NOTIFI	E0?	31a. TIME OF DEATH	31b. DATE PR	ONOUNCED DEAL	м
		2511 17 412			郑	м		cololog death occurred
		m dedne doub secure	ed at the time, date,	, place and	32. On the basis of e	xamination and/or , place and due to	the cause(s) and	manner stated.
्र क्यानामः	29. To the best of my k due to the cause(s) (Signature)	M Lives Li No nowledge, death occurr and manner stated.	red at the time, date,	, place and M T)	On the basis of e at the time, date (Signature)	xamination and/or place and due to	the cause(s) and	opinion death occurred manner stated.
	سيده المالية	XL KI	red at the time, date,	M.D.	32. On the basis of a at the time, date (Signature)	# 1 <u> </u>	the cause(s) and	COUNTY
ERTIFIER	30. DAYE SIGNED (Mont	in, Day, Year)	red at the time, date,	M.D.	(Signature)	lonth, Day, Year)		COUNTY
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