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	\$3981		HEGONT		MENTOFHUMA	VAESO	JRCES"	mmmm			2
23/7	I.D. TAG N	o. —			ALTH DIVISION at Records Unit		136-			20	The state of
	Local File Nu	nber	e Market Tilotak	CERTI	FICATE OF DEA	TH			ate File Number		SAMIGO.
1	1. DECEDENT'S FIR.	land		tiddle POV	Lasi CHEYN	Ε	2	. sex M	1	ery 11,	
· (·	4. SOCIAL SECURITY I	UMBER 5a. AGE - La	ast Birthday	5b. Under 1 Ye	ear 5c. Under 1 Day	6. BIRTHPLA		tate or Foreign	7. DATE OF B	IRTH (Month, E	Day, Year)
· .	543-16-164			os. Days			ath Fal (Check only o	ls, Ore	Novem	ber 2,	1919
DECEDENT	8. WAS DECEDENT EVI U.S. ARMED FORCES X Yes \(\sigma\) No	L	Inpatient C] ER/Outpatio	ent DOA OTHER:		OCATION OF		Other (Speci	d. COUNTY OF	DEATH
1	9b. FACILITY NAME (III 12333 Spri			imber)		amath 1	Falls			Klama	th
2	10a. DECEDENT'S USU	AL OCCUPATION	110	b. KIND OF E	BUSINESSANDUSTRY		MARITAL STA Never Married Divorced (Spe	d, Widowed,	1, 12. SPOUSE (II Married, Wide	owed)
3	lite. Do <u>not</u> use ret Farmer	irea.)		Farm			Marrie	d .	Bonit	:a 	
4	13a. RESIDENCE - STA Oregon	1 1	math	1	own or location nath Falls	136	1. STREET AN 12333	12	Lake F	Road	
5		I. ZIP CODE	14. WAS DE	CEDENT OF H	HISPANIC ORIGIN? yes, specify Cuban,	15. RACE A Black, V	merican India Vhite, etc. (Sp	ecny) (st	ecity only highe		leted)
6	□Yes XXIIo	97603	Mexican Specify:	, Puerto Rican	n, etc.) XI No II Yes	Whi	te	Elemer	tary/Secondary	(0-12) College	(1-4 or 5+)
PARENTS	17. FATHER - NAME II			B. MOTHER - I		maiden	19		Chorrno	- 1	eceased
	William McA 20a, METHOD OF DIS		olenw 5	IVIARY Ob. PLACE OF other place	Margaret Sch	emetery, cres	natory, or 20		Cheyne City or Town,		
DISPOSITION	XXBurial Cremat		m State		 Laki Cemetery			Klamatl	n Falls,	Oregon	
7	Donation Oth	UNERAL SERVICE	LICENSEE OR		21b. LICENSE NUMBER (Of Licensee)	22. NAME		ND ZIP OF FA			
88	PERSON ACTING	100 A	0.	0	3329				Chapel, math Fal		. 97601
9	23. DATE FILED (Mon	h, Day, Year)	ed		<u> </u>		RAR'S SIGNA				
REGISTRAR		F F	B 1 4 1	989 T FOR ANATO	MICAL GIFT CONSENT?	26. WAS	CH CC	y se	near	<u>r</u>	
	□ YES □					□ YE					
10		BE COMPLETED I	BY CERTIFYIN	IG PHYSICIAN	,		TO BE COM	PLETED ONL	BY MEDICAL	EXAMINER	
										AD (Month, Day,	, Year, Hour)
11	27. TIME OF DEATH	1	EDICAL EXAM	INER NOTIFIE		31a. TIME OF	DEATH 3	11b. DATE PRO	MOUNCED DE		
11	3:00 A.	M CXYes	Occurred at the		ED?		м				M
CERTIFIER	3:00 A. 29. To the best of m due to the cause	M CXYes	Occurred at the		ED?		M asis of examin me, date, plac		nvestigation, in n the cause(s) and		M
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12	3:00 A. 29. To the best of m due to the cause (Suparture) 30. DATE SIGNED (M Februar 34. NAME, TITLE, AD Randal A	y knowledge, death (e) and manner state with the Worth, Day, Year) y 13, 1989 DRESS AND ZIP OF	Occurred at the ed. Mrchib CERTIFIERIN D, M.D.	AEDICAL EXAL	M.D. MINER(Type or Pilnt) Main Street,	32. On the b at the the (Sign.) 33. DATE SIG	asis of examinme, date, place ature) NED (Month,	nation and/or li ee and due to Day, Year)	vestigation, in n the cause(s) and	ny opinion death d manner states COUNTY	M n occurred d.
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12	3:00 A. 29. To the best of medic to the cause to the cause of the cau	M CYVES W ANOWAGOR, GEATH (a) and manner state White And Color World, Cay, Year) Y 13, 1989 DRESS AND ZIP OF MACHAGO DING PHYSICIAN IF ELENTER ONLY ON SA CONSEQUENCE SA CONSEQUENC	ORIGE AND A STATE OF THE PROPERTY OF THE PROPE	AEDICAL EXAM. , 1905 N CERTIFIER LINE FOR (e). ADDITION AND THE CONTROL THE KLAM 1989 TH: S DOTITAL (21:2)	M.D. MINER(Type or Print) Main Street, (Type or Print) (D), AND(CI) Do not enter or (E), AN	32. On the base at the file of	Asis of coamin me, date, place ature) NED (Month, Talls tobacco use to death? ATION (Street COPY CIALLY M., and ge iehn	Day, Year) Day, Year) Oreg or Respiratory and Number and Number duly rec 3527	on 97601 Arrest. 38. AUTOPSY 31 Arrest. Or Rural Route 1 ACKERMAN ACKE	interval beliand death COUNTY Interval beliand death Month interval beliand death Number, City or	ween onset 4h: ween onset ween onset ween onset ween onset Town, State) Town, State ATH M89