1	53944 I.D. TAG NO.	이	REGON DEPA	RTMENT OF HUM HEALTH DIVISION	N RESOURCE	S	WILLIAM SA
	T 15			Vital Records Unit		6-	
	1. DECEDENT'S First	r Total and the second	Middle	ITIFICATE OF DE	AIH	s	tate File Number
(Carr 4. SOCIAL SECURITY NUM	ie	К.	CAMPER	LL	2. SEX	3. DATE OF DEATH (Month, Day, Year February 13, 19
	544-84-783	1 75		1 Year 5c. Under 1 Day Days Hours Mins.	Country)	nd State or Foreig	7. DATE OF BIRTH (Month, Day, Year)
DECEDENT	8. WAS DECEDENT EVER II U.S. ARMED FORCES?			OTHER	E OF DEATH (Check on	ly one)	July 10, 1913
1	9b. FACILITY NAME (If not	Institution, give :		patient DOA	Nursing Home Dec	OF DEATH	Other (Specify)
2	West Care He 10a. Decebent's usual of (Give kind of work done life. Do not use retired.)	OME OCCUPATION	10b. KIND (OF BUSINESSIINDUSTRY K	lamath Fal	ls	777
3	1	ouring most of	working		Never Mar Divorced (ried, Widowed, Specify)	d. 12. SPOUSE (II Married, Widowed)
4	Homemaker 13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY	Wn Home Town, or location	Marr 13d. STREET	ied	Irwin E.
5	Oregon	Klama	th KI	amath Falls F HISPANIC ORIGIN?	7313	Flag C	ourt
6	LIMITS?		Mexican, Puerto Ric	- If yes, specify Cuban, can, etc.) 🔀 No. 🗌 Yes	15. RACE American inc Black, White, etc. (16. DECEDENT'S EDUCATION ecily only highest grade completed)
R. Water Street,	17. FATHER - NAME INST	97603	Specify:		White		ary/Secondary (0-12) College (1-4 or 5+
PARENTS	Charles - F	Kucera	Maj	rv		19. INFORMANT	NAME and relationship to deceased E. Campbell, husbar
DISPOSITION	20a. METHOD OF DISPOSIT			OF DISPOSITION (Name of coace)	emetery, cremetory, or	20c LOCATION -	Cily or Town, State
7	☐ Donation ☐ Other (Spe	acity)	Mt. (Calvary Cemet		Klama	th Falls, Oregon
88	21a. SIGNATURE OF FUNER PERSON ACTING AS SI	UCH SERVICE LIC	ENSEE OR	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS. O'Hair's	Funera	I Chanel 97601
9	23. DATE FILED (Month, Day	11 50	ed .	3329	515 Pine	St.,K	amath Falls, Ore.
REGISTRAR	FEB 1 4 1989				24. REGISTRAR'S SIGNATURE		
(25. OID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☑ NO ☐ N/A				26. WAS GIFT MADE?		
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	>	O N/A	on the state of th		NAME OF TAXABLE PARTY.	□ N/A	
10			ERTIFYING PHYSICIA		TO BE COM	PLETED ONLY E	Y MEDICAL EXAMINER
''	2:25 P. M	□ Yes 🖾 N	AL EXAMINER NOTIFI O	M	a. TIME OF DEATH	Ib. DATE PHON	DUI:CED DEAD (Month, Day, Year, Hour)
CERTIFIER	29. To the best of my knowledge to the cause(s) and (Signature)	edge, death occu manner stated.	rred at the time, date,	place and 12	On the basis of examin	ation and/or inve	stigation, in my opinion death occurred cause(s) and manner stated.
100000000000000000000000000000000000000	· Kennel	U K.	hooge	м.р.	(Signature)	o and due to the	cause(s) and manner stated.
12	30. DATE SIGNED (MONIN, Da	4. 1989	1	33.	DATE SIGNED (Month, I	Day, Year)	COUNTY
13	February 14 34. NAME, TITLE, ADDRESS A	4, 1989	TIFIER/MEDICAL EXAL	MINER (Type or Print)			
13	February 14 34. NAME, TITLE, ADDRESS A	4, 1989	IIFIER/MEDICAL EXAI M.D., 19 ER THAN CERTIFIER	MINER (Type or Print)			
13	February 14 34. NAME, TITLE, ADDRESS A Kenneth K. 35. NAME OF ATTENDING PH	4, 1989 AND ZIP OF CER Magee, IVSICIAN IF OTH	M.D., 19	MINER(Type or Print) OO Main Stree (Type or Print)	et, Klamatl	ı Falls	, Oregon 97601
13 14 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE	February 1- 34. NAME, TITLE, ADDRESS A Kenneth K. 35. NAME OF ATTENDING PH 36. IMMEDIATE CAUSE JENTER	4, 1989 AND ZIP OF CERT Magee, IVSICIAN IF OTH	M.D., 19	MINER(Type or Print) OO Main Stree (Type or Print)	et, Klamatl	ı Falls	, Oregon 97601
13	February 1- 34. NAME, TITLE, ADDRESS A Kenneth K. 35. NAME OF ATTENDING PH 36. IMMEDIATE CAUSE/ENTER	4, 1989 AND ZIP OF CERT Magee, IVSICIAN IF OTH	M.D., 19 ER THAN CERTIFIER SE <u>PER LINE</u> FOR (6), (MINER (Type or Print) OO Main Stree (Type or Print) (b) AND (c)) Do not enter mode	et, Klamath	ı Falls	interval between onset
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