	53940		HEGON'D		NTOF HUMAI TH DIVISION	THESC	OURCES'	1711777771111117777	*******		
ma of	1.D. TAG 1			Vital	Records Unit	тн	136-				D media
S.III.	1. DECEDENTS FI		· Mi	ddle	Lasi			2. SEX	Ł	DEATH (Month, Day,	Year)
	ROSE  4. SOCIAL SECURITY NUMBER 5a. AGE - Last Birth			Viola REEVES  Iday   5b. Under 1 Year   5c. Under 1 Day   6. BIRTHPLA			PLACE (City and	F State or Foreign	April 7. DATE OF E	13, 1989 BIRTH (Monin, Day, )	'ear)
	500-07-653	8 Years	i) Mc	Days	Hours Mins.	Hur	on, Kai	nsas	June 1	5, 1898	<del></del>
DECEDENT	U.S. ARMED FORCE  Yes X No	HOSPITAL:	Inpatient X	KERrOutpatient	D DOA OTHER:	Nursing Ho		dent's Home	Other (Spec	ily)	TH
1	9b. FACILITY NAME (	st Medical	Center			Klama	ith Fall	s		Klamath	
2	10a. DECEDENT'S US (Give kind of wor- tile. Do not use to	UAL OCCUPATION k done during most etired.)	of working	b. KIND OF BUS	INESSANDUSTRY		11.MARITAL S Never Marri Divorced (S	TATUS - Married led, Widowed, pecily)	1	(II Married, Widowed	
3	Home Ma		·		Home N, OR LOCATION		Widov 13d. STREET		Thoma	as E.	
4	Oregon	i	math	Klama	th Falls	15. RACE	American Ind	Wantland	16 DECEDEN	IT'S EDUCATION	
6	LIMITS?		(Specify )	No or Yes - If yes	s, specify Cuban, ic.) XI No [] Yes	Wh	, White, olc. (	Specify)  (Sp	ary/Secondary	(0-12) College (1-4	or 5+)
	17. FATHER - NAME	97601 first middle		. MOTHER - NAM		maide		19. INFORMANT	NAME and r	elationship to decea	sed
PARENTS	Edward 20a, METHOD OF DI	B. Weaver	soleum 20	Jennie I	H. Lancaste	emetery, c	rematory, or	RODERT 20c LOCATION		res, son	
pisposition		ation 🗖 Removal tr	rom State	Eternal l	Hills Memori					s,Oregon	-
8	21a SIGNATURE OF PERSON ACTIN	FUNERAL SERVICE	LICENSEE OR	7  21	(Of License NUMBER	Oil	lair's F	and zip of fa uneral C	hapel,		001
9	Mer	rief!	Tend	/	3329	<u> </u>	Pine S		th Fall	s, Ore. 97	
REGISTRA		APR 1 7 19	989		OUT CONSENTS	4	S GIFT MADE	Kenn	edy		
	1	NO NA	MAKE REQUEST	FOR ANATOMIC	CAL GIFT CONSENT?	0	YES KIN	AIN 🔲 OI			outer ear
10		TO BE COMPLETED	BY CERTIFYIN	G PHYSICIAN	f		TO BE CO	MPLETED ONLY	BY MEDICAL	EXAMINER	
11	27. TIME OF DEATH	28. WAS N	EDICAL EXAMI	NER NOTIFIED?		31a. TIME	OF DEATH	31b. DATE PRO	NOUNCED DE	AD (Month, Day, Yea	r, Hour)
."	7:00 A.	M res	No occurred at th		🖼		М.			my opinion death occ	
	due to the caus	e(s) and manner sta	ted.	e time, cate, pie	ce and	at the	time, date, pl	ination and/or in ace and due to t	he cause(s) an	d manner stated.	urred
CERTIFIE	due to the caus		X.00	e time, date, pla	M.D.	at the (Si ▶	time, date, pl gnature)	ace and due to t	he cause(s) an	a manner stated.	urred
CERTIFIEF	30. DATE SIGNED (A	down, Day, Years	X <sub>o</sub> CC	e time, date, pie	M.D.	at the (Si ▶	time, date, pl	ace and due to t	he cause(s) an	d manner stated.	urred
	30. DATE SIGNED (A) April 14	Monin, Day, Year) 1, 1989 PORESS AND ZIP O	F CERTIFIERIM	EDICAL EXAMIN	M.D.	at the (S/ > 33, DATE S	time, date, pl gnature) SIGNED (Monti	ace and due to t	he cause(s) an	COUNTY	urred
12 13 14	30. DATE SIGNED (A April 14 34. NAME, LITLE A JON G. 35. NAME OF ATTE	MONIN, Day, Year) 1, 1989 DORESS AND ZIP O	F CERTIFIERUM M.D., 2	EDICAL EXAMIN	M.D.	at the (S/ > 33, DATE S	time, date, pl gnature) SIGNED (Monti	ace and due to t	he cause(s) an	COUNTY	urred
12 13 14 CONDITIONS IF ANY WHICH GIVE RISE TO	30. DATE SIGNED (A A PTI 1 14 34. NAME, TITLE JON G. 35. NAME OF ATTE	MONIN, Day, Year) 1, 1989 DORESS AND ZIP O MICKEllar, NDING PHYSICIAN SE (ENTER ONLY OF	F CERTIFIERIM M.D., 2 IF OTHER THAP	EDICAL EXAMIN 2300 Clai	M.D.	at the (S)  33. DATE 5  t, KI	ilme, date, pl gnature) Signed (Monti	n. Day, Year)	egon 97	COUNTY	
1213	30. DATE SIGNED (MAPTILE AS JON G. 35. NAME OF ATTE. SEE JOLETO, OR JOHN TO THE SEE JOUR TO, OR JOHN THE SEE JOUR TO, OR JONE	MORIO, Day, Year) 1, 1989 DORESS AND ZIP O MICKEllar, NDING PHYSICIAN	F CERTIFIERIM M.D., 2 IF OTHER THAP	EDICAL EXAMIN 2300 Clai	M.D.  ER(Type or Print)  rmont Stree pe or Print)	at the (S)  33. DATE 5  t, KI	ilme, date, pl gnature) Signed (Monti	n. Day, Year)	egon 97	COUNTY 601	onset
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1213	30. DATE SIGNED (MAPTILE ALL JOHN G. 35. NAME OF ATTER ALL JOHN G. 35. NAME OF ATTER ALL JOHN G. JOHN	Monn, Day, Vearl 1, 1989  DORESS AND ZIP O  MC Kellar,  NDING PHYSICIAN  SE JENTER ONLY OF	F CERTIFIERIAM M. D., 2 IF OTHER THAN LE CAUSE PER I LE OF:	EDICAL EXAMIN 2300 Clai N CERTIFIER (Ty,	M.D.  ER(Type or Print)  rmont Stree pe or Print)  AND(c) Do not enter n	at the (Si	ilme, date, pl gnature)  SIGNED (Monti  amath F	'alls, Or	egon 97	COUNTY  601  Interval between and death Interval between and death Interval between and death Interval between and death	onset  Onset  Onset
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12  13  14  CONDITION IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN UNDERLYING CAUSE LAST CAUSE LAST CAUSE LAST DEATH	30. DATE SIGNED (MAPTILE AL JOHN G. 35. NAME OF ATTER SIGNED (MARTINE AL JOHN G. 1)  SE SIGNED (MARTINE AL JOHN G. 1)  SE SIGNED (MARTINE AL JOHN G. 1)  SE SIGNED (MARTINE AL JOHN G. 1)  (C)  PART OTHER SIGNED (M. JOHN G. 1)  40. MANNER OF DE SIGNED (MANNER OF DE LA CCIDENT)	Month Day, Vearl  1, 1989  DORESS AND ZIP O  MC KEllar,  NDING PHYSICIAN  SE JENTER ONLY OF  AS A CONSEQUENCY  AS A CONS	F CERTIFIERIM M. D., 2 IF OTHER THAN NE CAUSE PER I LC. TE OF: TE OF: THE OF:	EDICAL EXAMIN  23 00 Clai  N CERTIFIER (Ty,  LUNE FOR (a), (a),  to cause given in  The cause given in  URY 41b. TIME  INJUST	M.D.  ER(Type or Print)  rmont Stree pe or Print)  AND(c)) Do not enter in  PART I.  OF A1C. INJURY RY  AT WORK  M □ Yes □ N	37. Di	ilme, date, pl gnature)  amath F  amath F  control dibaccouse the death?	Contribute  Contri	egon 97  urest.  Se CS Q  3. AUTOPSY 3	COUNTY  601  Interval between and death Interval	onset  onset  onset  onsidered  ot ceath?
12  13  14  CONDITION IF ANY WHICH GIVE RISE TO IMMEDIATE STATING IT UNDERLYING CAUSE LAST  CAUSE LAST  15  16	30. DATE SIGNED (MAPTIL 14  34. NAME LITLE A  JON G. 35. NAME OF ATTE:  SE 36. IMMEDIATE CAU  PART (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  PART OTHER SIGN  II CONGISIONS CO  30. MANNER OF DE  30. MANNER OF DE	Mohin, Day, Year)  1, 1989  DORESS AND ZIP O  MCKEllar,  NDING PHYSICIAN  SE (ENTER ONLY OI  AS A CONSEQUENCY  AS A CONSEQUENCY  IFICANT CONDITION  INVESTigation  Undetermined  Manner  Manne	F CERTIFIERIM M. D., 2 IF OTHER THAN NE CAUSE PER I LC. TE OF: TE OF: TO DUI not related NS. But not related NS. MONTH, DAY, Y	EDICAL EXAMIN 2300 Clai 300 Clai 4 CERTIFIER (Ty, LINE FOR (a), (b), C to cause given in UNY 41b. TIME (ex.)	M.D.  IER(Type or Print)  TMONT Stree  pe or Print)  AND(c)) Do not enter in  AND(c)) Do not enter in  AND(c)) The period of the	37. Di	ilme, date, pl gnature)  amath F  amath F  control dibaccouse the death?	Contribute  Contri	egon 97  urest.  Se CS Q  3. AUTOPSY 3	COUNTY  601  Interval between and doath  July YES were tindings to in determining cause	onset  onset  onset  onsidered  ot ceath?
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12  13  14  CONDITION IF ANY WHICH GIVE RISE TO IMMEDIATE STATING IT UNDERLYING CAUSE LAST  CAUSE LAST  15  16	30. DATE SIGNED (MAPTIL 14  34. NAME TITLE A  JOH G.  35. NAME OF ATTE.  SE PART (a)  DUE TO, OR /  DUE TO, OR /  LE CONTROL OF A CONTROL  AO, MANNER OF DE  RESERVED FOR RE	MANIN DAY, Vearl  1, 1989  DORESS AND ZIP O  MCK CHILAT.,  NDING PHYSICIAN  SE (ENTER ONLY OF  AS A CONSEQUENC  AS A CONSEQUE	F CERTIFIERIAM M.D., 2 IF OTHER THAN IE CAUSE PERI LE OF:	EDICAL EXAMIN  2300 Clai  N CERTIFIER (Ty)  LUNE FOR (a), (b),  to cause given in  to cause given in  NURY 41b. TIME (see)  41b. TIME (see)  NAL — V	M.D.  IER(Iype or Print)  rmont Stree pe or Print)  AND(e) Do not enter n  AT WORN  M	t, Kla  33. DATE 5  t, Kla  code of dyin  ici  7 Yes  code 411. LO	ilms, date, pl gnature)  amath F  amath F  (d tobacco uses the death?    No   Prot  ESCRIBE HOW	Contribute  Contri	egon 97  urest.  Se CS Q  3. AUTOPSY 3	COUNTY  601  Interval between and death  9. If YES were tindings to destarmining cause    Yes   No	onset  Onset  Onset  Onset  Nonsidered of death?  N/A
12  13  14  CONDITION IF ANY WHICH GIVE RISE TO IMMEDIATE STATING IT UNDERLYING CAUSE LAST  CAUSE LAST  15  16	30. DATE SIGNED (MAPTILE ALL JOHN G.)  34. NAME TITLE ALL JOHN G.  35. NAME OF ATTE.  36. IMMEDIATE CAU PART (a)  (b) DUE TO, OR ALL JOHN G.  (c) PART OTHER SIGN (d) Conditions of DE G.  40. MANNER OF DE G.  41. THIS IS A REGISTER	Month of the control	F CERTIFIERIM M. D., 2 IF OTHER THAN NE CAUSE PERI LC. TE OF: TE OF: THE OF: T	EDICAL EXAMIN 23 00 Clai 1 CERTIFIER (Ty, LINE FOR (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	M.D.  IER(Iype or Print)  rmont Stree pe or Print)  AND(e) Do not enter n  AT WORN  M	t, Kla  33. DATE 5  t, Kla  code of dyin  ici  7 Yes  code 411. LO	itime, date, pl gnature)  gnature)  gmath F  gma	Contribute and Number of MARIAN ACCOUNTY ACCOUNTY ACCOUNT ACCOUNTY ACCOUNT ACCOUNTY	egon 97  West.  Autopsy 3  I yes Q No  RED  REALAN  REMAN	COUNTY  601  Interval between and death Interval	onset  Onset  Onset  Onset  Nonsidered of death?
12  13  14  CONDITION IF ANY WHICH GIVE RISE TO IMMEDIATE GRAVE RISE TO IMMEDIATE GRAVE RISE TO THE CAUSE LAST THE CAUSE LAST THE CAUSE LAST TO THE CAUSE LA	30. DATE SIGNED (A A PT I 1 14  34. NAME TITLE A JOIN G.  35. NAME OF ATTE.  36. IMMEDIATE CAU PART (a) DUE TO, OR A  (c) DUE TO, OR A  (d) DUE TO, OR A  (e) FOR TOTHER SIGN II CONDITIONS CO.  40. MANNER OF DE  (c) Natural Accident DATE ISSUE THIS IS A REGISTER	MANIN DAY, Veal  1, 1989  DORESS AND ZIP O  MCKEllar,  NDING PHYSICIAN  SE JENTER ONLY OF  AS A CONSEQUENC	F CERTIFIERIM M.D., 2 IF OTHER THAN ME CAUSE PERI LE OF: THE O	EDICAL EXAMINA  2300 Clai  N CERTIFIER (Ty)  LUNE FOR (a), (b),  To cause given in  to cause given in  NUMY Albame, (Specify)  NAL — V  DUCTION O  BE KLAMATH	M.D.  IER(Iype or Print)  rmont Stree pe or Print)  AND(e) Do not enter in AT WORK  AT WORK  M	t, Kla  33. DATE 5  t, Kla  code of dyin  ici  yes  code 411. LO  TICS  NT OFFILE  TRAR.	itime, date, pl gnature)  signed (Montt  amath F  amath F  amath F  control  control	Falls, Or contribute a MARIAN AC COUNTY REALAMATH COUR	egon 97  urest.  Se C C Q  Autopsy 3  I yes \( \text{NNo} \)  RED  r Hural Floute I  KERMAN GISTRAR ITY, OREGO	COUNTY  601  Interval between and death Interval	onset  Coset  Co
12  13  14  CONDITIONS WHICH GIVE RISE TO IMMEDIATE CAUSE CAUSE CAUSE LAST  15  16  17  17	30. DATE SIGNED (MAPTIL 14 34. NAME. TITLE A JOIN G. 35. NAME OF ATTE.  36. IMMEDIATE CAU PART (a) 1 DUE TO, OR / 1 DUE TO, OR / 1 Conditions oc  40. MANNER OF DE 30. Natural Accident Suicide Homicide RESERVED FOR RE  THIS IS A REGISTER  DATE ISSU.	Mon. Day, Vearl  1, 1989  DORESS AND ZIP O  MCK Ellar, NDING PHYSICIAN  SELENTER ONLY OF  AS A CONSEQUENCY  AS A CONSEQU	F CERTIFIERIUM M. D. , 2 IF OTHER THAN ME CAUSE PER II MONTO DON, Y  TO PLACE OF II MONTO DON DON DON DON DON DON DON DON DON DO	to cause given in the seary of the search of	M.D.  IER(Iype or Print)  rmont Stree pe or Print)  AND(e) Do not enter in AT WORK  AT WORK  M	t, Kla  33. DATE 5  t, Kla  code of dyin  ici  yes  code 411. LO  TICS  NT OFFILE  TRAR.	itime, date, pl gnature)  signed (Montt  amath F  amath F  amath F  control  control	Falls, Or contribute a MARIAN AC COUNTY REALAMATH COUR	egon 97  urest.  Se C C Q  Autopsy 3  I yes \( \text{NNo} \)  RED  r Hural Floute I  KERMAN GISTRAR ITY, OREGO	COUNTY  601  Interval between and death Interval	onset  Onset  Onset  Onset  Nonsidered of death?
12  13  14  CONDITIONS WHICH GIVE RISE TO IMMEDIATE CAUSE CAUSE CAUSE LAST  15  16  17  17	30. DATE SIGNED (A A PT I 1 14  34. NAME TITLE A JOIN G.  35. NAME OF ATTE.  36. IMMEDIATE CAU PART (a) DUE TO, OR A  (c) DUE TO, OR A  (d) DUE TO, OR A  (e) FOR TOTHER SIGN II CONDITIONS CO.  40. MANNER OF DE  (c) Natural Accident DATE ISSUE THIS IS A REGISTER	Mon. Day, Vearl  1, 1989  DORESS AND ZIP O  MCK Ellar, NDING PHYSICIAN  SELENTER ONLY OF  AS A CONSEQUENCY  AS A CONSEQU	F CERTIFIERIUM M. D. , 2 IF OTHER THAN ME CAUSE PER II MONTO DON, Y  TO PLACE OF II MONTO DON DON DON DON DON DON DON DON DON DO	to cause given in the seary of the search of	M.D.  IER(Iype or Print)  rmont Stree pe or Print)  AND(e) Do not enter in AT WORK  AT WORK  M	t, Kla  33. DATE 5  t, Kla  code of dyin  ici  yes  code 411. LO  TICS  NT OFFILE  TRAR.	itime, date, pl gnature)  signed (Montt  amath F  amath F  amath F  control  control	Falls, Or contribute a MARIAN AC COUNTY REALAMATH COUR	egon 97  urest.  Se C C Q  Autopsy 3  I yes \( \text{NNo} \)  RED  r Hural Floute I  KERMAN GISTRAR ITY, OREGO	COUNTY  601  Interval between and death Interval	onset  Onset  Onset  Onset  Nonsidered of death?
12  13  14  CONDITIONS WHICH GIVE HISE TO HIMMEDIATE CAUSE IN CAUSE LAS'  CAUSE LAS'  15  16  17  ATE OF OF	30. DATE SIGNED (MAPTIL 14  34. NAME TITLE A  JOH G.  35. NAME OF ATTE  SE PART (a)  DUE TO, OR /  DUE TO, OR /  ADDIT 14  36. IMMEDIATE CAU  PART (c)  DUE TO, OR /  TOTHER SIGN  CONDITIONS CO  40. MANNER OF DE  W Natural  Accident  Suicide  Homicide  RESERVED FOR RE  THIS IS A  REGISTER  DATE ISSU.  ACCIDENT COUNTY  REGON: COUNTY  REGON: COUNTY  REGON: COUNTY  ADDITION OF THE SIGN  COUNTY  REGON: COUNTY  REGON: COUNTY  ADDITION OF THE SIGN  THIS IS A  REGISTER  DATE ISSU.  ACCIDENT COUNTY  REGON: COUNTY  REGON: COUNTY  REGON: COUNTY  ADDITION OF THE SIGN  COUNTY  REGON: COUNTY  ADDITION OF THE SIGN  COUNTY  ADDITION OF THE SIGN	My Now, Vearl  1, 1989  DORESS AND ZIP O  MCKEllar,  NDING PHYSICIAN  SE JENTER ONLY OF  AS A CONSEQUENCE  AS A CONSEQUE	F CERTIFIERIAM M.D., 22 IF OTHER THAN ME CAUSE PERIOD TE OF: TE O	EDICAL EXAMIN  2300 Clai  N CERTIFIER (Ty,  LUNE FOR (a), (a),  to cause given in  to cause given in  (Specify)  NAL — V  DUCTION O  BE KLAMATH  SS.  CT Reev	M.D.  ER(Type or Print)  rmont Stree pe or Print)  AND(e) Do not enter n  AT WORLD  TO PART I.  OF A1c. INJURY AT WORLD  AT WORLD  I Arm, street, factory, off  COUNTY REGIS	t, Kla  33. DATE 5  t, Kla  37. Di  16. Co 411. LO  TICS  NT OFFIL  TRAR.	ilme, date, pl gnature)  amath F  amath F  (d tobacco use the doath?    No   Prot  ESCRIBE HOW  CATION (Street	Palls, Or Contribute Septimental Accounty Readount County Readount County Readount County Readount Rea	egon 97  Livest.  Se CSO  B. AUTOPSY 3  1 Yes Q No  IRED  FRUTAL FRONTE I  KEEMAN GISTAAR LITY, OREGO	COUNTY  601  Interval between and death  Interval between	onset  Conset
12  13  14  CONDITIONS WHICH GIVE HISE TO HIMMEDIATE CAUSE IN CAUSE LAS'  CAUSE LAS'  15  16  17  ATE OF OF	30. DATE SIGNED (MAPTIL 14 34. NAME. TITLE A JOIN G. 35. NAME OF ATTE  36. IMMEDIATE CAU PART (a) 1 DUE TO, OR / DUE TO, OR / 1 DUE TO, OR / 1 CONDITIONS CO  40. MANNER OF DE  WAS A REGISTER  THIS IS A REGISTER  DATE ISSUE  A REGISTER  DATE ISSUE REGON: COUNTY  REGON: COUNTY  REGON: COUNTY  The part of th	My Now, Vearl  1, 1989  DORESS AND ZIP O  MCKEllar,  NDING PHYSICIAN  SE JENTER ONLY OF  AS A CONSEQUENCE  AS A CONSEQUE	F CERTIFIERIAM M.D., 22 IF OTHER THAN ME CAUSE PERIOD THE OF:	EDICAL EXAMIN  2300 Clai  N CERTIFIER (Ty,  LUNE FOR (a), (a),  to cause given in  to cause given in  (Specify)  NAL — V  DUCTION O  BE KLAMATH  SS.  CT Reev	M.D.  IER(Type or Print)  rmont Street pe or Print)  AND(e)) Do not enter n  AT WORN  M	t, Kla  33. DATE 5  t, Kla  37. Di  16  17 Pes  17 Ald. Di  16  17 OFFI  TICS  NT OFFI  TITAAR.	ilme, date, pl gnature)  amath F  amath F  (d tobacco use the doath?    No   Prot  ESCRIBE HOW  CATION (Street	Palls, Or Contribute Stand Number of MARIAN AC COUNTY REAMATH COUN	egon 97  Livest.  Se CSO  B. AUTOPSY 3  1 Yes Q No  IRED  FRUTAL FRONTE I  KEEMAN GISTAAR LITY, OREGO	COUNTY  601  Interval between and death  Interval between	onset  Onset  Onset  Onset  Nonsidered of death?