	•			Val	
	STATE FILE NUMBER	CERTIÈ		, voi m	89 Page 77
	IA. NAME OF DECEDENT	STA.	ICATE OF DEATH	1.	of 298
	I RTTTT=	(GIVENO I BL. MIDOLE US	E BLACK INK COULT	2650	4,
	4 RACE	I JEAN	IC LAST (FAMILY)	7	3-89-26-000004
	White	IL SPANISHONE	SIKES	ZA DATE	CATHER THE CONTRICATE N
DECE	DENT & STATE OF C	1 YES	I B DATE	ASCOUTA	DAY YES
PERSO DAT	TA COUNTRY	PE WHAT TOA FLUI	& DATE OF BIRTH	TOUND	OF DEATH DAY, YEAR DAY, YE
	···	NAME OF EA		20 YEARS	F UNDER 1 TEAR F LADER 24 HOURS IN
			TOB. STATE	11A 577 59	DAYS HOURS IN
	19 70 19 X) 11	12 SOCIAL SECURITY 1	ORRINS MS	Allia O	
	TOTAL USUAL OCCUPATION	- 154/-21 - 1	STATUS IS NAME OF S	Allie Owens	MOTHER 11B. ST
	Co-Owner		Married Frank o	SPOUSE OF W	AR
	TESIDENCE-STREET	MUNICIPAL OR LOCATION TO THE MUNICIPAL OR LOC		Kes	COMAN NOCOM
USUA! RESIDEN	1147 McC2-12	OR LOCATION	Tule Lake Horseradish Co.	160. YEARS IN USUAL	17. NUMBER OF HIGHEST GRADE CO
iii Co	TED COUNTY CCIEILAN	Dr.	Frantsh Co.	6	PLETED (1-12 OR COLLEGE 13-
2	Klamasi	18E W-	_	18a Crry	13
(2)	19A PLACE OF DEATH	IN THIS COUNTY	18F. STATE OR FOREIGN COUN	į.	18C. ZIP COO
PLACE WILL OF	D = + = A = A = A = A = A = A = A = A = A	1100 47	Organia Coun	TRY 20. NAME REATT	Fallo I
DEATH	Rock Creek Road	1988 IF HOSPITAL SPE CNE IP, ERVOP, D TANO MANDER OR LOCATION 1998, CF	cay i isc com		
	STREET STREET	I S. HUY. 395 TOM ENTER ONLY ONE CAUSE PER LINE F	OA 1	Jank Sikes	
4	I mile West of	I C T LOCATION TES CI	Mono	1147 McClel	lan n
	INVESTIGATION WAS CAUSED BY:	-3. Hwy. 395	· 中央 中国的 (1984年)	Klamath Fal	
CAUSE	IMMEDIATE (IN Pendi	ONLY ONE CAUSE PER LINE	s Place	THE INTERVAL 22 W	AS DEATH 97603
OF	The Sheet Const.	J.S. Hwy. 395 Tom ENTER ONLY ONE CAUSE PER LINE F ING TOXICOLOGY	OH A B. AND CI-TYPE OR PROP	AND DEATH	YES SO OS STO CONONEST
CD: DEATH	DUE TO CES			23 W	REFERRAL MACEEN IN NO.
€	1		<u> </u>		TOTAL
_	DUE TO (mg			244 1	E No
ı	25. OTHER SIGNERCANT COMPANY	CHIR SUTING TO DEATH BUT NOT RELATED	D	1 3	AS AUTOPSY PERFORMENT
	- CALLONS C	ONTR BUTENS TO DEATH FLOR	하게 함께 유취실하다 그 없다	₩ Y.	U No
PHYSI.	I CERTIFY THAT DEATH OCCURRED AT AND PLACE STATED FROM THE CAUSES	A NOT RELATED	TO CAUSE GIVEN IN 21		CAUTE OF DEATH?
CIAN'S	AND PLACE STATED FROM THE CAUSE OF A DECEMBER ATTEMPTS OF THE CAUSE OF	THE I TOUR, DATE	MONTH SE WAS C	PERATION PERPOPUS	O No
CERTIFICA.	MONTH DAY YELD SONCE! DEC!	ATO SIGNATURE A	NO DECKLE OR TITLE OF PHYSICIAN	VIAY, YEAR	CAUSE OF DEATHS S
		ONTH, DAY, YEAR	TITLE OF PHYSICIAN	27C PHYSIA	247
1		27E TYPE ATTEN	IDING PHYSICIAN'S NAME AND A	שבע ביישואה	SE NAMES 27D. DATE OF
	CERTIFY THAT DEATH OCCURRED AT THE LACE STATED FROM THE CAUSES STATE	Hous Dave	HISICIAN'S NAME AND A	ODRESE	3,000
PONER'S 25	9. MANNER OF DEATH—Specify one natural code, homode, pending inestigation or could not be pending.		CORONAN OR DEPUTY CORDNER		
ONLY IN	MANNER OF DEATH—Specify one natural ode, hande pending stressication or could not be Pending	Modern De Tour	OR DEPUTY CORDNER		
32	Pending Pending	DETERMINED OF INJURY	- Lactor	Pollock, Chi	395
- 1	Pending LOCATION (STREET AND MUMBER OR 1) 1 mile West of U.	Rock Creek Roa	- 30B IND	uty Coroner	ET DATE SIGNED
NERAL 34A			u 1	JOC. DATE	OF INDEX 14/89
RECTOR E	1 mile West of Hwy DISPOSITION	395, Tom's Place local Hills Mem. Grdns.	33. DESCRIEZ HOW INC.	ULTY COTONER JAY AT WORK 30C. DATE MONT 10 MONT 10 MONT MY OCCUMENT (EVENTS WORK STIGATION STIGATION	BOY. YEAR Found
AND EI	ntombment Eter	1a Hill DISPOSITION	Pending	Y OCCURRED (EVENTS WOO	1120
STRAR STA	NAME OF FUNERAL DIRECTOR IO	th Falls Mem. Grdns.	Pending inve	stigation	DE DE DELLETT
B	rune & Ruct	N ACTING AS SUCH TORRE	Pending inve	GNATURE OF EMBALLE	
TATE A	Buck Mortuar	Y LICENSE NO.	37. SIGNATURE	Ild ditaking	35B. LICENSE
STRAR	1-	TABLE TO SERVING AS SUCHED STATE OF THE SERVING AS SUCHED SAB LICENSE NO.	NEALL ALO	GISTRAR	PITO MAREN ME
(REV. 1-89)		D.	DENN NOLAND		
		MAKE NO SO		THE WALL	、 * **** - 1 1989 · 殿簾
		MAKE NO ERASURES, WHITEOUTS, OF	ROTHER	CEN	SUS TRACT
			ALTERATIONS		
		This is to some			
		1115 15 10 5000			

This is to certify that this is a true and correct copy of the vital record which is on file in this office and of which I am

Date MAR 17 1989

Date MAR 17 1989

District #2650

Ericgsport, Calif.

by 1 Caun Mosu Lee deputy registrar. State of California, County of Mono

THIS FORM MUST, BE COMPLETED IN BLACK INK AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

2 Of 2 3-89-26-00004

		AMENUMERI	INSTRUCTIONS OF	REVERSE		<u> </u>		OCAL REGISTRA				
STATE CENTIFIC	ITE HUMBER		ITE MIDDLE NAME			ļ lc	LAST		-			
- STATE CENTRE	FIRST NAME		į.			ï.	Š	IKES		<u>5 5</u>		
	DITT TE		JEAN	13 D	ATE OF	FEVENT		Δ	DATE ORIGIN			
NTIFICATION	BILLIE							g · Feb. 15, 1989				
OF THE RECORD		_		F	eb.	12, 198	55 65	DTIEICATE				
RECORD	TOM'S PLACE	<u> </u>	MATION AS REPORTED	ON THE ORIGIN	IALLY	REGISTERE	ULE	KITCATE	12	24. WAS DE	ATM REPORTED	
			MATION AS REPURTED	ER LINE FOR A. 3.	AND C	:	٦	. [10 CD80#ER	,	
<u> </u>	22. DEATH WAS CAUSE					4.	~	. 1	APPROXI-	89-0	3,Inyo	
-	INNEDIATE CAUSE	Pending Toxicology							MATE INTERVAL	25. WAS BIOPST PERFORMED!		
}									BETWEEN	No		
1	CONDITIONS, IF ARY,	OME TO. OR AS A CONSEQUENCE OF							AND	26. WAS	LUTOPST PERFORMED	
ļ	THE IMMEDIATE CAUSE	(8)				3	43		DEATH	. .		
1	STATING THE UNDER-	- A								Yes		
ľ	ATTING CAUSE LAST	(C)				27. WAS CPERA	TION PE	PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?				
ORIGINALLY		TO NOT RE	LATED TO THE IMMEDIATE CAUSE	C OF DELTH	1	OPERATION						
REPORTED	23. OTHER CONDITIONS C	CHIEFACTING DO.				NJURT AT WORK	1224	2 2 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y	AT, TEAR	328. ношя	
NEORMATION	1		O. PLACE OF INJURY		31. 1	NJURY AT WORE	JZA.	BAIL OF INJUS			Found 1120	
AT ORDINA	29. SPECIFT ACCIDENT. ST	U'CIDE, ETC. 3	O. PLACE OF INJURY	د ـ .	1	No	2	/12/89			1_1140	
	1 - 1.	l l	Rock Creak R	oad	HOW 13	NO NOCURRE	D (EYE	HTS WHICH BES	**************************************	**1		
	Pending 33. LOCATION (STREET	AND MUMBER OF LOCATIO	M APD CITT OR TOWN)	34. DESCRIBE	_		-+10	. m				
	33. LOCATION ISTREET	AH: HUMMI	Tom's Place	Pendir	ig I	nvestig	CCIET	EDED CER	RTIFICATE			
	1 mi. W o	F Hwy 395.	Tom's Place	STATED ON TH	E OR	IGINALLY R	15000	CKED CCI		24. WAS	DEATH REPORTED	
			ENTER ONLY ONE CAUS	E PER LINE FOR A.	B. AND	D C)	_			10 6080	* E E 1	
	22. DEATH WAS CAL	3350 0	(ENTER UNLT ON CAUS				<4	1	APPROXI-	89-	03. Inyo	
	IMMEDIATE CAUSE		pharmacy						MATE	. !	S BICFST PERFORMEN	
	1	(A) POLY	PITAL MACO				⋖	4	BETWEEN	١ ١	No	
	CONDITIONS, IF ANT, WHICH GAVE RISE TO	DUE TO, CH AS A COX						 	AND	26. W	AS AUTOPST PERFORM	
	THE IMMEDIATE CAUSE.	(8)						d	DEATH	- 1	37	
	STATING THE UNDER-	THE TO US AS A CONSEQUENCE OF									Yes	
INFORMATION AS IT SHOULD	THE PAUSE LAST	(,,,				27. WAS OF	ERATION	ION PERFORMED FOR ANY CONDITION IN ITEMS 22 OF 232				
BE STATED		CU NOT NO	T RELATED TO THE IMMEDIATE CO	LUSE OF DEATH		OPERATION						
ON THE	23. OTHER CONSISION		31. INJUST OF WORK 32A. DATE OF INJUST NONTH, DAY, YEAR FOUND						1 32В. ноия			
ORIGINALLY										Found		
REGISTERED	29. SPECIFY ACCIDENT	DESCRIBE HOW INJUST OCCURRED (EVENTS WHICH DESULTED IN INJUST)										
CERTIFICATE	1		Rock Creel	Road	INE HOW	HINDAL OCCUI	RRED (VENTS WHICH	PESULTED IN IN	*10#7)		
	Suicide	EET AND HUMBER OR LOCA	TION AND CITT OR TOWIS	34. 0856		ingest	ad c	verdos	e of d	rugs.		
	33. LOCATION ISTE	EET AND NUMBER OF CO.	Tomic Place	Dece	ient	THESE	RONER	, . 		- 6a	DATE SIGNED	
	1 mi. W	of Hwy 395,	Tom's Place	64 SIGNATURE O	F PHYS	SICIAN OR CO				•	2/14/89	
										.78	DEGREE OR TITE	
	1		R HAVING PERSONAL	7. SHOME OF PH	YSICIAN	N OR CORONE	R PRIN	T OR TYPE				
DECLARATION	5 I THE CERTIFYING PHYSICIAN OR COHONER HAVING PERSONAL ANDWESOG OF SUPPLEMENTAL INFORMATION WHICH MODIFIES ANDWESOG OF SUPPLEMENTAL INFORMATION DECLARE UNDER SCOTT POLICE. SCOTT POLICE SCOTT POLI							Chief Deputy Corone				
OF	THE INFORMATION ORIGINALLY REPORTED TECLARE UNDER THE INFORMATION ORIGINALLY REPORTED TECLARE UNDER THE INFORMATION ORIGINALLY REPORTED TECLARE UNDER THE INFORMATION IS TRUE 7. ADDRESS—STREET CITY STATE											
III CEDTIFYING THE WAS THE ABOVE INFORMATION TO THE ABOVE INFORMATION TO						Δ	•					
PHYSICIAN OR CORONE								. BE DATE ACCEPTED				
OR COMOTICE									14/2	AR 16	1989	
	OFFICE OF ST	ATE OR LOCAL REGI	STRAR / 21	1-11.00							RN VS-248 (REV.	
REGISTRAR	S LEWN	NOLAN A	OF HEALTH SERVICES.	1/KX	TE REG	ISTRAR OF V	ITAL S	TATISTICS		FC	NM 42-745 (KE4.	
OFFICE	D ILLIAN	DEDADTMENT	OF HEALTH SERVICES.	OFFICE OF THE STA	12 1120							
I	STATE OF CALIF	ORNIA. DEPARTMENT										

STATE OF OREGON: COUNTY OF KLAMATH: ss.	theth
Filed for record at request of Frank Sikes A.D., 19 89 at10:29 of Deeds	o'clock A.M., and duly recorded in Vol. M89 on Page 7706 Evelyn Biehn County Clerk By Onestens Mark County
FEE \$13.00 Return: Frank Sikes	

keturn: Frank SIKES 1147 McClellan, Klamath Falls, 0r. 97603