

2650 3-89-26-000004

by Aaren Moser Lee
State of California, County of Mono

deputy registrar.

7707

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

2650

2 of 2
3-89-26-000004

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE CERTIFICATE NUMBER		MIDDLE NAME		LAST NAME	
1a FIRST NAME BILLIE		1b MIDDLE NAME JEAN		1c LAST NAME SIKES	
2 PLACE OF OCCURRENCE—CITY OR COUNTY TOM'S PLACE		3 DATE OF EVENT Feb. 12, 1989		4 DATE ORIGINAL FILED Feb. 15, 1989	
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE (A) Pending Toxicology					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) 					
STATING THE UNDERLYING CAUSE LAST (C) 					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Found					
29. SPECIFY ACCIDENT, SUICIDE, ETC. Pending					
30. PLACE OF INJURY Rock Creek Road					
31. INJURY AT WORK No					
32A. DATE OF INJURY—MONTH, DAY, YEAR 2/12/89					
32B. HOUR 1120					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 1 mi. W of Hwy 395, Tom's Place					
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Pending Investigation					
INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE (A) Polypharmacy					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) 					
STATING THE UNDERLYING CAUSE LAST (C) 					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Found					
29. SPECIFY ACCIDENT, SUICIDE, ETC. Suicide					
30. PLACE OF INJURY Rock Creek Road					
31. INJURY AT WORK No					
32A. DATE OF INJURY—MONTH, DAY, YEAR 2/12/89					
32B. HOUR 1120					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 1 mi. W of Hwy 395, Tom's Place					
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Decedent ingested overdose of drugs.					
5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE					
6a SIGNATURE OF PHYSICIAN OR CORONER Scott Pollock					
7a NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE) Scott Pollock					
7b DEGREE OR TITLE Chief Deputy Coroner					
7c ADDRESS—STREET CITY STATE P.O. Box 616, Bridgeport, CA					
8a OFFICE OF STATE OR LOCAL REGISTRAR RENN NOLA					
8b DATE ACCEPTED MAR 16 1989					
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS					

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Frank Sikes the 5th day
of May A.D., 19 89 at 10:29 o'clock A.M., and duly recorded in Vol. M89
of Deerls on Page 7706

Evelyn Biehn, County Clerk
By Debbie M. Miller

FEE \$13.00

Return: Frank Sikes
1147 McClellan, Klamath Falls, Or. 97603

FORM VS-24B (REV. 10-78)