	239 Local File Number	Vital Red CERTIFICAT	E OF DEATH	136	Stat	s File Number	
((1. DECEDENTS First. NAME Robert	Middle Gene	Lest PARKER		М	May 19,	H (Month, Day, Year)
) [4. SOCIAL SECURITY NUMBER 5a. AGE - La (Years)	3,		THPLACE (City and bunity) CKSburg,		October	(Monin, Day, Year) 28, 1936
	541-40-1322 a was decedent ever in u.s. armed forces? Hospital:		TOTHER:	EATH (Check onl		Other (Specify)	
EDENT	9b. FACILITY NAME (II not institution, give		9c. CITY, TOW	N, OR LOCATION	OF DEATH	9d. C	ounty of DEATH amath
	331 South Eldorado Bl	vd.	7. 11 4.5 14.6	h Falls	STATUS · Married ried, Widowed,	12. SPOUSE (II M	
100 S	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired)	I working Liumber mil	1 Security	Divorced (Specify)	C Anne	
	Security Officer 134 RESIDENCE - STATE 13b, COUNTY	13c, CITY, TOWN, OF	LOCATION		AND NUMBER	orado Blvo	
	Oregon Klamat 13e. INSIDE CITY 131, ZIP CODE LIMITS?	h Klamath F 14. WAS DECEDENT OF HISPANI (Specify No or Yes - If yes, sp.	C ORIGIN?	RACE American In Black, White, etc.	dian. Specify) (Spi	16. DECEDENT'S ecity only highest	EDUCATION grade completed)
	© Yes □ No 97601	Mexican, Puerto Rican, etc.) [Specify:	XNo □ Yes	White	Elemen	12	2) College (1-4 or 5+)
RENTS	17. FATHER - NAME lirst , middle	Myrtle Est		naiden	The Control of the Co	NAME and relati	onship to deceased Lfe
	Ellis Kay Parker	oleum 20b. PLACE OF DISPO	SITION (Name of cemel	ery, crematory, or	20c LOCATION	- City or Town, Sta	le .
POSITION		m State Eternal Hi	.lls Memorial	Gardens	Klamath	Falls, O	regon 97603
	21a. SIGNATURE OF FUNERAL SERVICE		Of Licensee)	NAME, ADDRES	s and zip of fa l Shepher	d, 6420 S	ort's Chapel o. 6th St.,
	Thelliam F. D	Journary 1	+1-2104 K	lamath Fa	ls, Oreg	on 97603-	7194
GISTRAF	23. DATE FILED (Month, Day, Year)			REGISTRAN'S SI	Ben	roder	
$\overline{\mathcal{A}}$	25. DID HOSPITAL REPRESENTATIVE M	AKE REQUEST FOR ANATOMICAL	GIFT CONSENT? 26	WAS GIFT MAD	AIN 🖾 ON	,	
<u>`</u> }}	>			100 PM	OMBIETED ON	Y BY MEDICAL EX	AMINER
	TO BE COMPLETED 27. TIME OF DEATH 28: WAS M	BY CERTIFYING PHYSICIAN EDICAL EXAMINER HOTIFIED?	31a.	TIME OF DEATH	May 20	DNOUNCED DEAD	(Month, Day, Year, Hour)
	M (X-yes 29. To the East of my knowledge, death due to the cause(s) and manner sta	No occurred at the time, date, place	and 32.	On the basis of ex	mination and/or i	nvestigation, in my the cause(s) and n	opinion death occurred
ERTIFIE	due to the cause(s) and manner sta (Signature)	1 od.		(Signatule)	Weller		
				asoul	r waxw		
	3J. DATE SIGNED (Month, Oay, Year) 34. NAME, TITLE, ADDRESS AND ZIP O	MD ME. 2865 Dagg	(Type or Print)	ay 22, 19	ath, Day, Your) 89	Kla	county math
ONDITION IF ANY INICH GIVI RISE IO MMEDIATE CAUSE TATING TH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 33. NAME OF ATTENDING PHYSICIAN S E 36. IMMEDIATE CAUSE (ENTER DOILY OF	MD, ME, 2865 Dagg OF OTHER THAN CERTIFIER 1799 NE CAUSE PER LINE FOR 13, 104 AN	(Type or Print) ett Street, or Print)	ay 22, 19	ain, Day, Yuar) 89 alls, Or	Kla egon 97 601	Interval between onset
ONDITION: IF ANY IF ANY INICH GIVI RISE TO MMEDIATE CAUSE TATING TH ATTEMPT TO THE	31. NAME, TITLE, ADDRESS AND ZIP O ROBERT No. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. S. NAME OF ATTENDING PHYSICIAN 35. B. ATT (a) Mull COMPANY (b) THE TO, OR AS A COMSEQUENCE COMPANY (c) THE TO, OR AS A COMPAN	MD, ME, 2865 Dagg FO THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (1. 10) AND SECOND STREET OF (1. 10) AND SECOND STREET SECOND STREET OF (1. 10) AND SECOND STR	(Type or Print) ett Street, or Print)	ay 22, 19	ain, Day, Yuar) 89 alls, Or	Kla egon 97 601	Interval between onset and death
ONDITION IF ANY VICH GIV FISE TO IMMEDIATE TATING TH NUCRICIN AUSE LAS	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER DILY OF ART (a) DUE TO, OR AS A CONSEQUENCE 10. DUE TO, OR AS A CONSEQUENCE	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 NE CAUSE PER LINE FOR (1), (6), AND LEGOTE SE OF:	(Type or Print) ett Street; or Print) (D(c)) Do not enter mode	ay 22, 19	alls, Or alls, Or according to the control of the c	Kleegon 97601 Arrest. Obdonus	Interval between onset and death
ONDITION IF ANY WHICH GIVE HISE TO HIMEDIATE CAUSE TATING TH MOERLYIN AUSE LAS	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER DILY OF ART (a) DUE TO, OR AS A CONSEQUENCE 10. DUE TO, OR AS A CONSEQUENCE	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 NE CAUSE PER LINE FOR (1), (6), AND LEGOTE SE OF:	(Type or Print) ett Street; or Print) (D(c)) Do not enter mode	ATE SIGNED (HO AY 22, 19 Klamath F	alls, Or all	Kleegon 97601 Arrest. Oblinity 38. AUTOPSY 39.	Interval between onset and death
ONDITION IF ANY VICH GIV FISE TO IMMEDIATE TATING TH NUCRICIN AUSE LAS	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT No. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER ONLY OF PART (a) DUE TO, OR AS A CONSEQUENCY OF	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 NE CAUSE PER LINE FOR ALL OLD ALL LE OF: NS. NS. NS. NS. NS. NS. NS. NS	(Type or Print) ett Street, or Frint (D(c)) Do not enter mode **MOUSE ASS.** **PART L.** **F. [alc. INJURY]	ATE SIGNED IMO AY 22, 19 Klamath F	in, Day, Year) 89 Palls, Or inc gr Respiratory Touch	Kle egon 97601 Arrest. Obdonus 38. Autopsy 39. 90 yes □ no	Interval between onset and death In 155 were Indireg considered in determining cause of death
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE IENTER ONLY OF EAST OF THE STORY OF THE S	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (a), (b), AND SE OF: NS. but not related to cause gleen in 1 (11. DATE OF INJURY) 41b. TIME OF (MAJURY) 41b. TIME OF (MAJURY)	(Type or Frient) ett Street, or Frient (D(c)) Do not enter mode (Documents) ALC, INJURY ALC, INJURY ALC, INJURY ALC, INDOR M. C. Yes St. Mo.	Klamath F of dying, e.g. Coro to the death of Charge 16 Guage	alls, Or all	Arrest. Obdonus 38. AUTOPSY 39. 20 Yes [] No URRED	Interval between onset and death Interval between onset and doath Interval between onset and doath Interval between onset and doath In YES were tindings consider in determining cause of death IN Yes No No NA
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER ONLY OF PART (a) DUE TO, OR AS A CONSEQUENCY 10. DUE TO, OR AS A CONSEQUENCY 11. CONCINION CONTRIBUTION 12. OR AS A CONSEQUENCY 13. OTHER SQUIFTICANT CONDITION 140. MANNER OF DEATH 150. NAME OF DEATH 160. OR AS A CONSEQUENCY 160. OR AS A CONSEQ	MD, ME, 2865 Dags IF OTHER THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (I.I. IO), AND CONTROL OF THAN CERTIFIER TYPE E OF: NS. but not related to cause given in 1 MAD. DATE OF INJURY May. 197, 1989	(Type or Frient) ett Street, or Frient (D(c)) Do not enter mode (Documents) ALC, INJURY ALC, INJURY ALC, INJURY ALC, INDOR M. C. Yes St. Mo.	Klamath F of dying, e.g. Coro to the death yes Dio D 16 Guage	alls, Or all	Arrest. Arr	Interval between onset and death In YES were Indireg consider in determining cause of death
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE IENTER ONLY OF EAST OF THE STORY OF THE S	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (a), (b), AND SE OF: NS. but not related to cause gleen in 1 (11. DATE OF INJURY) 41b. TIME OF (MAJURY) 41b. TIME OF (MAJURY)	(Type or Frient) ett Street, or Frient (D(c)) Do not enter mode (Documents) ALC, INJURY ALC, INJURY ALC, INJURY ALC, INDOR M. C. Yes St. Mo.	Klamath F of dying, e.g. Coro to the death yes Dio D 16 Guage	alls, Or all	Arrest. Arr	Interval between onset and death Interval between onset and doath Interval between onset and doath Interval between onset and doath In YE's were Indurys consider in determining cause of death IX Ye's No No NA
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. DATE SIGNED (Month, Oay, Veat) 34. NAME, TITLE, ADDRESS AND ZIP, O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD OF AS A CONSCOUENCE 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 37. OR AS A CONSCOUENCE 38. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 39. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 40. MANNER OF DEATH Natural Pending Conditions contributing to death Only Conditions contributing to death Only Conditions Only Conditions Only Conditions Only Condit	MD, ME, 2865 Dags IF OTHER THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (I.I. IO), AND CONTROL OF THAN CERTIFIER TYPE E OF: NS. but not related to cause given in 1 MAD. DATE OF INJURY May. 197, 1989	(Type or Frient) ett Street, or Frient (D(c)) Do not enter mode (Documents) ALC, INJURY ALC, INJURY ALC, INJURY ALC, INDOR M. C. Yes St. Mo.	Klamath F of dying, e.g. Coro to the death yes Dio D 16 Guage	alls, Or all	Arrest. Arr	Interval between onset and death Interval between onset and doath Interval between onset and doath Interval between onset and doath In YE's were Indurys consider in determining cause of death IX Ye's No No NA
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. DATE SIGNED (Month, Oay, Veat) 34. NAME, TITLE, ADDRESS AND ZIP, O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD OF AS A CONSCOUENCE 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 36. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 37. OR AS A CONSCOUENCE 38. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 39. IMMEDIATE CAUSE (ENTER ONLY OF EDWARD 40. MANNER OF DEATH Natural Pending Conditions contributing to death Only Conditions contributing to death Only Conditions Only Conditions Only Conditions Only Condit	MD, ME, 2865 Dags IF OTHER THAN CERTIFIER TYPE NE CAUSE PER LINE FOR (I.I. IO), AND CONTROL OF THAN CERTIFIER TYPE E OF: NS. but not related to cause given in 1 MAD. DATE OF INJURY May. 197, 1989	(Type or Frint) ett Street, or Frint) (D(c)) Do not enter mode (LOCALA) PART L F Stc. INJUNY AT WORK? M Yes 30 No. m, street, factory office	Klamath F of dying, e.g. Coroling of the dealth yes Dio D 16 Guage 40 LOCATION (S 331 SO.	alls, Or all	Arrest. Arr	Interval between onset and death Interval between onset
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 33. NAME OF ATTENDING PHYSICIAN S S. IMMEDIATE CAUSE JETTER ONLY OF PART (a) MULL CAUSE DUE TO, OR AS A CONSEQUENCE (c) PART OTHER SIGNIFICANT CONDITION (C) (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (B) PROBLEM (C) PART (B) PROBLEM (C) PART (B) PART (B) PROBLEM (C) PART (B) PART (B) PART (B) PROBLEM (C) PART (B) PART (B) PROBLEM (C) PART (B) PA	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1/199 NE CAUSE PER LINE FOR CALLOS AND	(Type or Print) ett Street, or Print) (D(c)) Do not enter mode LOCALIST F ALC. INJURY AT WORKY M Yes 50 Mo- trm, sireet, fac tory office	Klamath F of dying, e.g. Coro to the deam ves Une United State 16 Guage 40 LOCATION IS 331 SO.	alls, Or all	Arrest. Arr	Interval between onset and death Interval between onset
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 33. NAME OF ATTENDING PHYSICIAN S S. IMMEDIATE CAUSE JETTER ONLY OF PART (a) MULL CAUSE DUE TO, OR AS A CONSEQUENCE (c) PART OTHER SIGNIFICANT CONDITION (C) (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (A) PROBLEM (C) PART (B) PROBLEM (C) PART (B) PROBLEM (C) PART (B) PART (B) PROBLEM (C) PART (B) PART (B) PART (B) PROBLEM (C) PART (B) PART (B) PROBLEM (C) PART (B) PA	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 NE CAUSE PER LINE FOR (A. 10), AN ELE OF: NS. but not related to cause given in I MILE DATE OF INJURY May 19, 1989 No. PLACE OF INJURY AI home, Ia Building, etc. (Specify) ORIGINAL — VI	(Type or Print) ett Street, or Print) (D(c)) Do not enter mode LOCALIST F ALC. INJURY AT WORKY M Yes 50 Mo- trm, sireet, fac tory office	Klamath F of dying, e.g. Corolin to the death 16 Guage 40 LOCATION IS 331 SO.	alls, Or all	Arrest. Arr	Interval between onset and death Interval between onset and doath Interval between onset and doath Interval between onset and doath In YE's were Indurys consider in determining cause of death IX Ye's No No NA
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. DATE SIGNED (Month, Oay, Veat) 34. NAME, TITLE, ADDRESS AND ZIP, O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER DINLY OF PART (a)	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1/199 NE CAUSE PER LINE FOR CALLOS AND LINE OF LINE FOR CALLOS AND LINE OF	(Type or Print) ett Street, or Print) (D(c)) Do not enter mode LOCALIST F ALC. INJURY AT WORKY M Yes 50 Mo- trm, sireet, fac tory office	Klamath F of dying, e.g. Coro to the deam ves Une United State 16 Guage 40 LOCATION IS 331 SO.	alls, Or all	Arrest. Obdonus 39. AUTOPSY 39. 20 Yes D No URRED 1. Wounds or Rural Route No Blvd, K. F.	Interval between onset and death Interval between onset
ONDITION IF ANY HIGH GIVE HISE TO MMEDIATE CAUSE TATING TH NDERLYIN AUSE LS L CAUSE DEATH	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 33. NAME OF ATTENDING PHYSICIAN 33. NAME OF ATTENDING PHYSICIAN 35. IMMEDIATE CAUSE JETTER ONLY OF PART (a) MULL CAUSE 10. DUE TO, OR AS A CONSEQUENCE 11. DUE TO, OR AS A CONSEQUENCE 12. DUE TO, OR AS A CONSEQUENCE 13. DUE TO, OR AS A CONSEQUENCE 14. MANNER OF DEATH Natural Pending Investigation Investigation Part of the Conditions contributing to death Order investigation Part of the Conditions contributing to death Due TO, OR AS A CONSEQUENCE PART OTHER SIGNIFICANT CONDITIONS Order investigation Productions	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1/199 NE CAUSE PER LINE FOR CALLOS AND	(Type or Print) ett Street, or Print) (D(c)) Do not enter mode LOCALIST F ALC. INJURY AT WORKY M Yes 50 Mo- trm, sireet, fac tory office	Klamath F Klamath F of dying, e.g. Cord it the death 16 Guage 40 Location is 331 So.	alls, Or last or and last or a	Arrest. Arr	Interval between onset and death Interval between onset
ONDITION IF ANY WHICH GIVE HISE TO HISE TO HISE TO AUSE OF ATH TATING THE	33. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 33. NAME OF ATTENDING PHYSICIAN 33. NAME OF ATTENDING PHYSICIAN 35. IMMEDIATE CAUSE JENTER ONLY OF PART (a) MULL SCALE 10. DUE TO, OR AS A CONSEQUENCE 11. DUE TO, OR AS A CONSEQUENCE 12. DUE TO, OR AS A CONSEQUENCE 13. DUE TO, OR AS A CONSEQUENCE 14. MANNER OF DEATH Natural Pending Investigation Investigation Part of them Significant Investigation Part of the Manner Pending Pe	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1/199 NE CAUSE PER LINE FOR CALLOS AND CONTROL OF A PARTY AND CONTROL O	If ye or event et Street, or Frant D(L) Do not enter mode D(L) Do not enter mode AT WORKY M Yes 20 No. TAL STATIST! THE DOCUMENT COUNTY REGISTR	Klamath F Klamath F of dying, e.g. Coroling in the death yes Divided to the death 16 Guage 411 LOCATION IS 331 SO.	alls, Or all	Arrest. Arr	Interval between onset and death interval between onset and death interval between onset and death in 45° west indirect on the standard death in 45° west
ONDITION IF ANY WHICH GIVE HISE TO HISE TO HISE TO AUSE OF ATH TATING THE	33. DATE SIGNED (Month, Oay, Veat) 34. NAME, TITLE, ADDRESS AND ZIP, O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER DINLY OF PART (a)	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1/199 NE CAUSE PER LINE FOR CALLOS AND CONTROL OF A PARTY AND CONTROL O	If ye or event et Street, or Frant D(L) Do not enter mode D(L) Do not enter mode AT WORKY M Yes 20 No. TAL STATIST! THE DOCUMENT COUNTY REGISTR	Klamath F Klamath F of dying, e.g. Coroling in the death yes Divided to the death 16 Guage 411 LOCATION IS 331 SO.	alls, Or all	Arrest. Arr	Interval between onset and death interval between onset and death interval between onset and death in the value of the val
ONDITION. WHICH GIVE HISE TO MINEDIATE CAUSE THE CAUSE T	33. DATE SIGNED (Month, Oay, Veat) 34. NAME, TITLE, ADDRESS AND 2IP O ROBERT N. Edwards, 35. NAME OF ATTENDING PHYSICIAN 35. NAME OF ATTENDING PHYSICIAN 36. IMMEDIATE CAUSE (ENTER DALLY OF PART (a) WILL CAUSE 10. DUE TO, OR AS A CONSEQUENC 11. CONSEQUENCE 12. DUE TO, OR AS A CONSEQUENC 13. DUE TO, OR AS A CONSEQUENC 140. MANNER OF DEATH 150. DUE TO, OR AS A CONSEQUENC 161. DUE TO, OR AS A CONSEQUENC 162. DUE TO, OR AS A CONSEQUENC 163. DUE TO, OR AS A CONSEQUENC 164. DUE TO, OR AS A CONSEQUENC 165. DUE TO, OR AS A CONSEQUENC 166. DUE TO, OR AS A CONSEQUENC 166. DUE TO, OR AS A CONSEQUENC 167. DUE TO, OR AS A CONSEQUENC 168. DUE TO, OR AS A CONSEQUENC 169. DUE TO, OR AS A CON	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 WE CAUSE PER LINE FOR (A. 10), AN LULL SUPPLY AND COMMENT OF THE COMMENT OF T	If you or from) ett Street, or From 0 Dock) Do not enter mode Local Dock Annual Control F Stc. INJUNY AT WORKY M Yes 30 No rm, street, factory, office TAL STATIST THE DOCUMENT. COUNTY REGISTR	ATE SIGNED HAD ANY 22, 19 Klamath F of dying, e.g. Card Did tobacco to the death Per I And DESCRIBE H 16 Glage 411 LOCATION IS 331 SO.	alls, Or all	Arrest. Obilonitis 38. AUTOPSY 39. 80 Yes D No URRED A WOUNDS OF RUFAI ROUTE NO Blvd, K.F.	Interval between onset and death Interval between onset and death Interval between onset and doath Interval between onset Interval
ONDITION. WHICH GIVE HISE TO MINEDIATE CAUSE THE CAUSE T	3J. DATE SIGNED (Month, Oay, Vear) 3J. NAME, TITLE, ADDRESS AND ZIP O ROBERT N. Edwards, 3S. NAME OF ATTENDING PHYSICIAN S. IMMEDIATE CAUSE (ENTER DALLY OF PART (a) PULL TO, OR AS A CONSEQUENCY CO PART OF TOTHER SIGNIFICANT CONDITION (C) PART OTHER SIGNIFI	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 WE CAUSE PER LINE FOR AL IOLAN LLL SIDE OF THE LINE FOR AL IOLAN MAY 19, 1989 MAY 19, 1989 MAY 19, 1989 MORIGINAL — VI ACT REPRODUCTION OFFICE OF THE KLAMATH CONTROL OF THE C	If you or event or French	ATE SIGNED HAD ANY 22, 19 Klamath F of dying, e.g. Carolina in the death Dyes Divide Beach 16 Glage 411. LOCATION IS 331. SO CCS COPY AR	alls, Or all	Arrest. Obilonitis 38. AUTOPSY 39. 80 Yes D No URRED A WOUNDS OF RUFAI ROUTE NO Blvd, K.F.	Interval between onset and death Interval between onset and death Interval between onset and doath Interval between onset Interval
ONDITION. HIGH GIVE HIGH GIVE TO THE HIGH GIVE	DUE TO, OR AS A CONSEQUENCY OF PART (a) TOTHER SIGNIFICANT CONDITION OF CONDITION OF COUNTY OF K OR COUNTY OF K	MD, ME, 2865 Dagg IF OTHER THAN CERTIFIER 1799 WE CAUSE PER LINE FOR (A. 10), AN LULL SUPPLY AND COMMENT OF THE COMMENT OF T	TAL STATIST THE OCCUMENT THE OC	STATE SIGNED HAD ANY 22, 19 Klamath F of dying, e.g. Corollo to the dann. Dyes Day D dd DESCRIBE H 16 Guage 411 LOCATION (S 331 SO PM., are sin Page D on Biehn	alls, Or all	Arrest. Obligation 39. AUTOPSY 39. 20 Yes D No URRED 1 WOUNDS OF RUFAI ROUTE NO BLVd, K.F.	Interval between onset and death Interval between onset and death Interval between onset and doath Interval between onset and doath In YES were Industry consider in determining cause of death In YES WERE IN ON IN IN IN INTERVAL INTERVAL INTERVAL IN INTERVAL IN INTERVAL IN INTERVAL IN INTERVAL INTERVAL INTERVAL INTERVAL INTERVAL IN INTERVAL IN INTERVAL

331 S. Eldorado, Klamath Falls, Or. 97601