Local File Number		IFICATE OF DE		1 136-	State File Number	EATH (Month, Day, Year)
1. DECEDENTS First NAME Myrtle	Middle Edna	ENGL	E	2. SEX	March	5, 1989
4. SOCIAL SECURITY NUMBER SA. AG	E - Last Birthday 5b. Under 1		6. BIRTHPLAC	E (City and State or F	oreign 7. DATE OF B	IRTH (Month, Day, Year)
540-38-6573 5		1 1		Co. NE	Novem	ber 10, 1930
B. WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL	Um	TOTHER:			me 🔲 Other (Speci	60
90. FACILITY NAME (If not institution,	give street and number)			OCATION OF DEATH		d. COUNTY OF DEATH
Merle West Medica	al Center		Klamat	h Falls		Klamath
10s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during me	ost of working	BUSINESSANDUSTRY	""	AARITAL STATUS - M lever Married, Widow Divorced (Specify)	arried. 12. SPOUSE (ir Married, Widowed)
Homemaker		Own Home		Married	Cliffor	
13a. RESIDENCE - STATE 13b. COU	INTY 13c. CITY,	TOWN, OR LOCATION			SERHWYS 62	& 232,
	amath Fo	rt Klamath	IS DACE A	P.O. Box	16. DECEDEN	T'S EDUCATION
134. INSIDE CITY 131, ZIP CODE	(Specify No or Yes	If yes, specify Cuban, can, etc.) [X No] Yes	Biack, W	nerican Indian, hite, etc. (Specify)	(Specify only high	est grade completes) (0-12) College (1-4 or 5+
- No 97626	Specify:	,,	Whi	te	8	
17. FATHER - NAME first midd			e maiden			hand and
Alcert - Brow		el - Frank OF DISPOSITION (Name	of cometery, crem			, husband
20a. METHOD OF DISPOSITION ☐ M	al from State	iace)				
☐ Donation ☐ Other (Specify)—	Klama	ath Cremation	and the second second		math Falls	, Oregon
21a. SIGNATURE OF FUNERAL SERV PERSON ACTING AS SUCH	VICE LICENSEE OR	21b. LICENSE NUMB (Of Licensee)		ADDRESS AND ZIP	of facility ral Chapel,	Inc.
Maria	1.0	3329				lls, Ore. 9760
ZJ. DATE FILED (Month, Day, Year)	sew.	2020		RAR'S SIGNATURE,	,	
AR MA				ancy Ke	sulder	_
25. DIO HOSPITAL REPRESENTATIV	VE MAKE REQUEST FOR ANA	IDMICAL GIFT CONSENT	7 26. WAS C		N/A	
LI YES WAND LI NIA			APPLE STORY			NAME OF THE PARTY OF THE
TO BE COMPLE	TED BY CERTIFYING PHYSICI	IAN			ONLY BY MEDICAL	EXAMINER
(* · · · · · · · · · · · · · · · · · ·	AS MEDICAL EXAMINER NOT	FIED?	31a. TIME OF	DEATH 31b. DAT	E PRONOUNCED DE	AD (Monin, Day, Year, Ho
7:40 A. M C	Yes No Seath occurred at the time, dat	te, place and	32. On the ba	M sis of exemination er	d/or investigation, in r	my opinion death occurred d manner stated.
29. To the best of my knowledge, d	100	0	at the tin	se, date, place and d	ue to the cause(s) an	d manner states.
			Torgona	1010)		
INCOME DO 11	wowel.	L. M.D.				20.00
30. DATE SIGNED (Month, Day, Year)	vower,	/		NED (Month, Day, Ye	e()	COUNTY
March 6, 1989					41)	COUNTY
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3764 N.W. Joseph, Roseburg, Or. 97470