068578 LD. TAG NO. 464	Vital R	H DIVISION Records Unit ATE OF DEATH	136-	State	e File Number 3. DATE OF DEATH (A	tonth, Day, Year)	
1. DECEDENT'S First	Middle K.	TOFELI	I ACE (City and	F State or Foreign	October 21 7. DATE OF BIRTH (M	onin, Day, 1841)	
4. SOCIAL SECURITY NUMBER 5a. AGE - Las	St Birthday 5b. Under 1 Year Mos. Days	Moure Mins.	Country) Odge City	Kansas	September	24, 1915	
542-48-5928	Inpatient ER/Outpatient	LOTHER:	Dece	dent's Home	Other (Specify)	NTY OF DEATH	
on FACILITY NAME (If not institution, give	street and number)	Kla	math Falls	TATUS - Marries	Kla	math ed, Widowed)	
West Care Home 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of lite. Do not use relired.)		SINESSANDUSTRY	Never Marr Divorced (S	ied, Widowed, pecify)	Frank	· · · · · · · · · · · · · · · · · · ·	
Homemaker	TOW TOW	Own Home		Married 130. STREET AND NUMBER 6261 Juniper Wa			
123 RESIDENCE STATE 13b. COUNTY	math Klama	th Falls	6261 c 15. RACE American in Black, White, etc.	dian.	16. DECEDENT'S El Specify only highest gra- entary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	
13e. INSIDE CITY 13f. ZIP CODE.	Maxican, Puerto Rican,	es, specify Cuban, etc.) 🖾 No 🗌 Yes	White	Elem	12 NT - NAME and relatio		
17. FATHER - NAME III'S middle	Specify:		maiden	Frank	Tofell, hus	band	
William - Smith		DISPOSITION (Name of co	metery, crematory, or		N - City or Town, State	eri yan ganiya ya ili ya i	
ON X Burial Cremation Removal	rom State Malin	Community (emetery		n, Oregon		
☐ Donation ☐ Other (Specify)————————————————————————————————————	E LICENSEE OR	21b. LICENSE NUMBER (Of Licensee)	O'Hair's 515 Pine	Funeral St., Kla	Chapel, In math Falls,	OR 97601	
- Muil B	2:5/	3329	24. REGISTRAR'S	IGNATURE			
23. DATE FILED (MORID, Day, Year) OCT 2 4 1989 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?			28. WAS GIFT MADE? D YES \$ NO NIA				
I TIME XIND INA		ه الماد ا				MINER	
) TES		IN	TO BE	COMPLETED C	PRONOUNCED DEAD	(Month, Day, Year, Hour)	
27. TIME OF DEATH 28. WAS	S MEDICAL EXAMINATION		o she heals of	M examination and	Vor investigation, in my	opinion death occurred namer stated.	
4:30 A. M Constitution of the cause(s) and manner (Signature)	eath occurred at the time, date stated.	e, place and	at the time, da (Signature)	le, place and du	e to the caused,		
IFIER Superior (Signature)	loddr m	M.D.	33. DATE SIGNED (Month, Day, Yea	sr)	COUNTY	
SO. Date Signed (Month, Day, Year October 24, 198	<u> </u>	Tripp of Print					
34, NAME, TITLE, ADDRESS AND Z	7 7 10	05 Main Stree	, Klamath	Falls, C	regon 9760		
Randal A. Mach	IAN IF OTHER THAN CERTIFI	ER (Type or Print)	mode of dving. 9.9.	Cardiac or Respi	ratory Arrest.	and death	
35. NAME OF ATTENDING PHYSIC ANY 36. IMMEDIATE CAUSE (ENTER ON) SE TO	LY ONE CAUSE PER LINE FOR	(a), (b), AND (c).) Do not ent				Interval between onse and death	
AUSE DUE TO, OR AS A CONSECU	UENCE OF:	Care Drum	LAND			Interval between ons	
ERLYING SE LAST (b) SA MA DUE TO, OR AS A CONSEQ	MOAJ CELL C	arely evi-				O II VES were lindings consti	
USE OF (c) EATH PART OTHER SIGNIFICANT CON	IDITIONS : death but not related to cause	e given in PART I.	in the d	cco use contrib esth?	38. 28191	in determining cause of de	
PART OTHER SIGNIFICANT CONCERNING TO	death but not related to case	active lend by the		BE HOW INJUR	Junk Yes Caro		
40. MANNER OF DEATH	41a. DATE OF INJURY 4	INJURY AT	WORK!				
☐ Natural ☐ Pending investiga ☐ Accident ☐ Undeterm	Non I	M 🔲 Yes	No No.	ON (Street and	Number or Rural Route	Number, City or Town,	
Suicide Manner. Homicide Legal Lintervent	41e. PLACE OF INJURY building, etc. (Speci	- At home, farm, street, factory)					
RESERVED FOR REGISTRAR'S	USE						
			-iotics C) PY		45-2 REV	
	ORIGINA	TON OF THE DOCUM	IENT OFFICIALLY	· · ·		Š	
THIS IS A TRUE AT TRUE AT T	ND EXACT REPRODUCT THE OFFICE OF THE KL	AMATH COUNTY RE	GISTRAR.	Λ	01/	1 🞉	
			/\(\ldot\)	lorna	Q. Verl	ug B	
	OCT 2 4 1989				DONNA A VERLING COUNTY REGISTRA MATH COUNTY, OR		
				나는 일반으로 하다	ининингинин	1963	
DATE ISSUED		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	*****************				
	OF KI AMATH	SS.		신원한 동안(420년 - 61년 년	the part of the second of the second	集队起 医斯勒氏性征炎 医动物	
OF OREGON: COUNTY	Carlo Maria Carlo	SS:			the _	30th	
OF OREGON: COUNTY	Carlo Maria Carlo	fell	lock Pl	M., and d	uly recorded		