Y		RUITCATION OF VILVE	TO THE SUUTICES			/
	068258 LD. TAG NO.	HEALTH DIVISION VITAL RECORDS UNCERTIFICATE OF D	11 13	State File	The second second	
/ 1 /	Local File Number	Middle CO	ast .	Male J	anuary 24, 19	90
[ ]	Jay SOCIAL SECURITY NUMBER 51 AGE - Last (Years)	Birthday 5b. Under 1 Year Sc. Under 1 I	Day 6 BIRTHPLACE (City	y, Iowa A	ugust 4, 1937	
	0 36-5423	52   9s. 1	LACE OF DEATH (Check	only one) .	ner (Specify)	н
8.	MAS DECEDENT EVER IN LLS, ARMED FORCES?  HOSPITAL: No FACILITY NAME (II not institution, give st	patient D ER/Outpatient DOA Get and number)	CITY, TOWN, OR LOCATIO	DN OF DEATH	Klamath	
	611 Sturdivant	1100, KIND OF BUSINESS/INDUSTRY	11. MARIT Never Divorce	AL STATUS · Married, 12. Married, Widowed, ed (Specify)	SPOUSE (If Marned, Widowed)	
	life. Do <u>not</u> use retired.)	l piamond EXCD	ange Ma	rried	Labolina	
S	alesman  3a. RESIDENCE-STATE 13b. COUNTY	Vlamath Fall	s 46	11 Sturdiv	DECEDENT 3 Completed	)
	Oregon Klama  3e. INSIDE CITY 13f. ZIP CODE LIMITS?	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - II yes, specify Cuber Mexican, Puerto Rican, etc.) [XNo ] Y.		Elementary	Secondary (0-12)	
<u></u> -[	□Yes XINO 97603	Specify:	ddie maiden	19. INFORMANT	Gould - Wife	sed
ARENTS	17. FATHER - NAME lirst middle Frank Edgar Go	uld Minnie Ione	Reed	y, or 20c LOCATION - C	ity or Town, State	
ekbelliok	20a. METHOD OF DISPOSITION LJ Mause  Marial Communication Removal from	Eagle Point Nati	onal Cemetery	Eagle	Point, Ore.	
	☐ Donation ☐ Other (Specify)		Ward's	Klamath F	uneral Home	1
	21a. SIGNATURE OF SUCH PERSON ACTING AS SUCH	3224	Klamat 24. REGISTRAF	h Falls. Y	regon 9760	
EGISTRAR	23 DATE FILED (Month, Day, Year)		han	Cy Klant	ay	
اللفلىلل <u>جاند</u>	25. DID HOSPITAL REPRESENTATIVE	MAKE REQUEST FOR ANATOMICAL GIFT CO	☐ YES	AIN [X ON []		
	<b>\</b>	BY CERTIFYING PHYSICIAN	TO 31a. TIME OF DI	O BE COMPLETED ONLY	BY MEDICAL EXAMINER NOUNCED DEAD (Monin, Day, )	Year, Hour)
U	27. TIME OF DEATH 28. WAS	MEDICAL EXAMINED		1 4	vestigation, in my opinion death the cause(r) and manner stated.	M ·
-	5:20 P M Xi Ye 29. To the best of my knowledge, dan	s   No th occurred at the time, date, place and tated.	32. On the bast at the time (Signate	, date, place and due to		
CERTIFIE		Dldd M	> 13	ED (Month, Day, Year)	COUNTY	3
	30. DATE SIGNED (Month, Day, Year)	90			·	77607
12 13	34. NAME, TITLE, ADDRESS AND ZIP	OF CERTIFIERIMEDICAL EXAMINER (Type of 2680 Uh)	mann Rd.	- Klamath	Falls, Ore.	7601_
14	Alden B. Glidde	N IS OTHER THAN CERTIFIER (Type or Print		on the set of the second	Arrest Intutval but	woch unset
CONDITION IF ANY WHICH GI	VE TO IMMEDIATE CAUSE (ENTER ONL)	ONE CAUSE PER LINE FOR (4), (b), AND (c) ) L	o not enter mode of dying.	L'ad	Interval but	(ween onset
RISE TO IMMEDIA CAUSE STATING T UNDERLYI CAUSE LA	E DADT		runny Ivz		Section Color	tween onset
CAUSE LA	DUE TO, OR AS A CONSEQU		Tace Mu	lyre S	Ceruses and duath	1 VI Considered
CAUSE	75 <sup>2</sup>			tobacco use contribute he death?	38. AUTOFST in determining	Cauca Di desimi
15	Il Conditions contributing to do	기가 있으면 되었는 <u>가게 되는</u>	MA IN INBY 41d. DES	CRIBE HOW INJURY OC		
16	40. MANNER OF DEATH	41a. DATE OF INJURY	AT WORK?			or Town, State
17	XXNatural Pending Investigation  Accident Undetermine Manner	red	eet, factory, office 411. LOC	CATION (Street and Numb	our or Hural Route Number, City	
	Homicide Legal Interventio	n Santa				13.
	RESERVED FOR REGISTRAR'S U					45-2 REV. 1-8
		ORIGINAL — VITA	L STATISTICS	COPY		45.2 REV. 16
minner.	THIS IS A TRUE AND	ORIGINAL — VITA EXACT REPRODUCTION OF THE D E OFFICE OF THE KLAMATH COUN		.LT		
100	REGISTERED AT THI			(Vona Ca	1. Verling	
	6			DON	INA A. VERLING ON TY REGISTRAR COUNTY, OREGON	
	DATE ISSUED	JAN 3 0 1990		KLAMATI	amunioni de la compania de la compa	
<b>XX</b>	19800		តាកាក់កាក់ការបានជាជាធិប			
		FKLAMATH: SS.		ang takan menghili di Pagan		
	OREGON: COUNTY OF	T. Daniel Could			the2nd	MOO
ATE OF		LaDonna Gould		M and duly	recorded in Vol	
	record at request of		o'clock ——P	ייר ריף "		
	record at request of		octock on Pa	ige <u>2371</u>	County Clerk	<i>6 a</i> A =