			RTIFICATE	rds Unit OF DEATH		State File	e Number
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CITY, VOWN OR LOCATION O	DE DEATH H	Male 5a OSPITAL OR OTHER I not in either, give stra	INSTITUTION NAM	, 100 I		T. Indicate DOA.	COUNTY OF DEATH
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FATHER - NAME first			first middle h	st (Maiden Name)	INFORMANT -	NAME and relation	onship to deceased
18 William A. M	cKeever	17 Ann	G. Nelson	1 2 8	18 Mon	eta -Wif	e city or town
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	F.,		Memorial	Garden			ath Falls
192 Cremation FUNERAL SERVICENSE			O ADDRESS OF FAC	YTU			
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FPS Ric	chard Sch	aefer. M.D.	2911 Sisk	you Blvd.,	Medford,	Oregon	9750
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