Lector Part		LD: TAG NO.	HEALTH DIVISION Vital Records Unit ITIFICATE OF DEATH	ESOURCES 1136- Sta	o File Number
4. SOCIAL SECURITY PRUMENTS SALE COLORS SUBMITIVE AND SECURITY SALE OF PARTY (COME AND SECURITY COLORS) SEPTEMBER SALE OF PARTY (COME AND SECURITY COLORS) SEPTEMBER SALE OF PARTY (COME AND SECURITY COLORS) SEPTEMBER SALE OF PARTY (COME AND SECURITY COLORS) SEPTEMBER SALE OF PARTY (COME AND SECURITY COLORS) SEPTEMBER SALE OF PARTY (COME AND SECURITY COLORS) SECURITY COLORS SECURITY COLORS		NAME			3. DATE OF DEATH (Month, Day, Year) July 4, 1990
A PLACE OF CHAIN (TABLE DOTS) TO RE TO IN ON THE CONTROL OF CHAIN (TABLE DOTS) TO RECOMMEND OF CHAIN		4. SOCIAL SECURITY NUMBER 5a AGE-Last Birthday 5b. Under (Years)	1 Year 5c. Under 1 Day 8. B	IRTHPLACE (City and State or Foreign country)	7. DATE OF BIRTH (Month, Day, Year)
Secretary would not estudied. Secretary works as uniform. Secretary would consider the secretary would be a secretary with a secretary would be a secretary with a secretary would be a secretary would be a secretary with a secretary would be a secretary with a secretary work. The secretary works are a secretary with a secretary works and secretary with a secretary works and secretary with a secretary works and secretary works are a secretary with a secretary works and secretary with a s	DECEDENT	8 WAS DECEDENT EVER IN		DEATH (Check only one)	
TO BE COMPATED BY CORPUTED BY	a kindententingen nicht	9b. FACILITY NAME (it not institution, give street and number)	96. CIT, 104	IN, OR LOCATION OF BEATH	90. COUNTY OF DEATH
TO BE COMPLETED BY CERTIFITIAD PYCENIAL OR AND	2	10a. DECEDENT'S USUAL OCCUPATION 10b. KIND		11 MARITAL STATUS - Married	
TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED BY THE BY CERTIFIED BY CERT	3				Charlotte
Specify, No. or Yes - 13 yes, agently capture. Control Contro	5	Oregon Klamath Kl	OF HISPANIC ORIGIN? 15	RACE American Indian.	16 DECEDENT'S EDUCATION
THE PARTY OF THE P	6	Mexican, Puerto F	s - If yes, specify Cuban,	Black, White, etc. (Specify) (Spe Element	city only highest grade completed) ary/Secondary (0-12) College (1-4 or 5+)
So. METIGO DE DEPOSITION D'ANAJORIUM TO DURATE D'ORDES AND STORE DEPOSITION D'ANAJORIUM TO DURATE D'ORDES AND STORE CHARGE LECENSES ON STATE SELENTATION OF THE STATE	PARENTS	17. FATHER - NAME first middle last . 18. MOTHE		nsiden 19. INFORMANT	NAME and relationship to deceased
CR Buttal Commission Removal toon State Commission		20a HETHOD OF DISPOSITION Mausoleum 20b. PLAC	E OF DISPOSITION (Name of come)		
27. THE OF DEATH OF SCHOOL STATES AND THE PROPERTY OF STATES AND THE PROPER	OISPOSITION 7	□ X Burlal □ Cremation □ Removal from State □ Donation □ Other (Specify)		rk Klama	h Falls, Oregon
2. DATE FILED MOONIN, Day, Yeary 2. DATE FILED MOONIN, Day, Yeary 2. DISTORDANG MERRESANDER NOT MAKE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE REQUEST FOR ANATOMICAL GIFT CONSENTY 2. DISTORDANG MERRESANDER MORE MORE MAKE AND MAK	8		(Of Licensee)	Ward B Klamath	
DISTRICT VES	9	Jan 1971 - 1971		Klamath Falls,	
TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED BY THE COLD AGE AGAINS AND THE PHYSICIAN CONTROL OF THE STATE OF THE STA	REGISTRAR	JUL 6 1990		1 say to	elds
TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED BY IT BY MADE IN THE STATE OF IT BY A MADE IN THE	(ATOMICAL BIFF CONSENS	□ YES □ NO 10 NA	
27. TIME OF DEATH 22. WAS MEDICAL EXAMINER NOTIFIED? 31s. TIME OF DEATH 31s. DATE PRONOUNCED DLAD [Month, Day, Ves 70	10	TO BE COMPLETED BY CERTIFYING PHYSII	:IAN	Company of the Compan	
22. The bast of my more days, death occurs of the string of the cases	11	27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOT		IME OF DEATH 31b. DATE PROP	OUNCED DEAD (Month, Day, Year, Hour)
COUNTY C) }	29. To the best of my knowledge, death occurred at the time, digue to the cause(s) and manner stated.	ate, place and 32. C	M On the basis of examination and/or inv t the time, date, place and due to the	estigation, in my opinion death occurred e-cause(s) and manner stated.
33. NAME TITLE ADDRESS AND ZIP OF CERTIFIERINEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD. 1900 Main Street Klamath Falls, Oregon 9760. 35. NAME OF ATTENDING PRYSICIAN IF OTHER THAN CERTIFIER (Type or Print) CONDITIONS WHICH BUYE WHICH BUYE CAUSE FART (a) DUE TO, OR AS A CONSEQUENCE OF: CAUSE LOT DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS	CERTIFIER	(Signature)	·	(Signature)	
Remoth K. Magee, ND 1900 Main Street Klamath Falls, Oregon 9760. As Anne of Attending Physician is of the National Conditions of All Part of Indian Centre of Part (1) as A consequence of the Conditions contribute of the dealth of the de	12		33. D/	ATE SIGNED (Month, Day, Year)	COUNTY
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Pilint) CONDITIONS WHICH SIME RISE TO A STATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IS), EN. AND (S) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. Interval between and death Part	13			Vlamath Falls	Oregon 97601
Sa. IMMEDIATE CAUSE CENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) I Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. Internal between the country of the country	CONDITIONS				
DUE TO, OR AS A CONSEQUENCE OF: CAUSE LOST DUE TO, OR AS A CONSEQUENCE OF: DO THE SIGNIFICANT CONDITIONS: DO THE SIGNIFICANT COND	IF ANY WHICH GIVE RISE TO		(a), (b), AND (c)) Do not enter mode o	I dying, e.g. Cardiac or Respiratory Ar	
DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: Intifival between and death Due to, or her significant conditions contributing to death but not related to cause given in PART I. 37. Did tobacco use contribute 38. AUTOPSY 39. If YES were finding in destraining case; 15.	STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF:	Charles C	ma Disease	interval between onset and death
THE SIGNIFICANT CONDITIONS II OTHER SIGNIFICANT CONDITIONS III OTHER SIG	CAUSE LAST	1 1 11	Ev Pular, ds		Interval between onset
15	CAUSE OF	PART OTHER SIGNIFICANT CONDITIONS	37	Did tobacco use contribute 38	AUTOPSY 39. If YES were findings considered
16	15	Conditions contributing to death but not related to cause		to the death?	in determining cause of death?
Natural Pending investigation Indetermined Sulcide Sulcide Manner Homicide Legal Manner Manner Homicide Legal Manner Manner Homicide Legal Manner Homicide Legal Manner Homicide Legal Manner Homicide Homicide Manner Homicide Manner Homicide Manner Homicide Manner Homicide Manner Homicide Manner Homicide Homicide Manner Homicide Manner Homicide Manner Homicide Homicide Manner Homicide Homicide Manner Homicide Homi	16	(Month Day Year)			
Suicide Manner Steel PLACE OF INJURY - At home, farm, steel, factory, office 41f. LOCATION (Street and Number of Rural Route Number, City of Tobuilding, etc. (Specify)	17	X Natural Pending Investigation Accident Interpretation	M □ Yes □ No		
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR. JUL 6 1990 DATE ISSUED DONNA A VERLING COUNTY REGISTRAR KLAMATH COUNTY, OREGON		Suicide Manner 41e, PLACE OF INJURY - At	home, farm, street, factory, office 41	LOCATION (Street and Number or	Rural Route Number, City or Town, State)
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TE OF OREGON: COUNTY OF KLAMATH: ss.		and the control of th	<u>2012年</u> - 196日 196日 196日 - 19	COLLEGE METERS AND A STATE OF THE STATE OF T	
d for record at request of Charlotte Donaca the 12 A.D., 19 90at 2:11 o'clock _P _M., and duly recorded in VolM90	TE OF OR	EGON: COUNTY OF KLAMATH:			