	I.D. TAG NO. 287 Local File Number	JOH-GOK	HEAL Vital CERTIFIC	TH DIVISION Records Ur CATE OF D)N ilt EATH	136-	Sta	le File Number	
	1. DECEDENT'S First NAME Nina	D	Middle Decima	医乳腺素 医乳色性皮肤 医苯	 Ingram		2. SEX F	Jul	y 2, 1990
()	561/28/5416		5b. Under 1 Year Mos. Days	Sc. Under 1 D Hours Mins	6 BIRTH	Randle:	State or Foreign		iRTH (Month, Day, Year) . 3, 1914
DECEDENT	8. WAS DECEDENT EVER IN	OSPITAL: Inpution	☐ ER/Outpatient	DOA OTHER	X Nursing H	TH (Check only lome Dece	dent's Home C	Other (Specia	(y)
	90. FACILITY NAME (II not inst Plum Ridge C	litution, give street and	number)	9c. (CITY, TOWN, C	amath	F DEATH	9	Klamath
2	10a. DECEDENT'S USUAL OCC (Give kind of work done do life. Do not use retired.)		10b. KIND OF BUS	INESS/INDUSTRY		III MADITAL S		12. SPOUSE (I Married, Widowed)
3	Homemaker			At Home		Marr	ied		Turner R.
4	Oregon	Klamath		Malin			28202		ritt Road
5	13e. INSIDE CITY 13f. ZIP C	(Specif	ECEDENT OF HISP ly No or Yes - II yes an, Puerto Rican, et	s. specify Cuban.	15. RAC Blac	E American Ind k, White, etc. (S	pecify) (Spe Element	16. DECEDENT ecify only highe ary/Secondary	r's EDUCATION est grade completed) (0-12) College (1-4 or 5+)
<u> </u>	17, FATHER - NAME first	632 Specif	y: 18. MOTHER - NAP	ME first midd		White	19. INFORMANT	NAME and re	elationship to deceased
PARENTS		akley	Iby E	velvn Hu	ffman	crematory, or		Ingra	
ุ มเรคอรเซเด็ก 7	Burial Cremation C	Removal from State	other place)	Eterna Memori	l Hill al Gar	dens	Klamat	h Fall	s, Oregon
8	21a. SIGNATURE OF FUNERA PERSON ACTING AS SU	L SERVICE LICENSEE	OR / / 21	(Of Licensee)	DEN 22. N	Ward'	s Klama Main St	ith Fun	eral Home
9	23. BATE FILED (Month, Day,	Year) IIII	210/	3409	24. REC	Klama	th Fall	s, Ore	. / 97601
ŘEGISTRAF		JUL I 0		CAL GIFT CONSEN	17 26. W	AS GIFT MON	y to	elds	
		N/A]YES □N	O 🔯 N/A	i i i i i i i i i i i i i i i i i i i	
10	TO BE CO	OMPLETED BY CERTIFY	ING PHYSICIAN	<u> </u>		TO BE CO	MPLETED ONLY	BY MEDICAL	And the second s
11	27. TIME OF DEATH	28. WAS MEDICAL EXA	MINER NOTIFIED?						
	29. To the best of my knowledge to the cause(s) and	edge, death occurred at manner stated.	I the time, date, pla	ce and	32. On the at the	he basis of exam ne time, date, pl Signature)	ination and/or in ace and due to t	vestigation, in r he cause(s) and	ny opinion death occurred d manner stated.
CERTIFIER] D((in of)	Harin	und			SIGNED (Mont	h, Day, Year)		COUNTY
12	30. DATE SIGNED (Month, Di	90		IFD ()					
13	R. Rand Ha	le. MD / 1	000 Pine	Street	/ Klar	math Fa	lls, O	regon /	/ 97601
	35. NAME OF ATTENDING P					Mary 1	4 - 1 - 1		
	s C		R LINE FOR (a), (b),	AND (c).) Do not er		vino e a Cardia	or Respiratory i	Arrest.	interval between onset and death 2 LAS
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE	THE MUNICIPAL				siet mode of dy				
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