102 103 104 104 105	SOCIAL SECURITY NUM 171-07-2023 MAS DECEDENT EVERIT SA SARREP FORCES? TOS I GIVE POLITI RIDGE DECEDENT'S USUAL GROWN AND GOWN ADDRE CO MY LOS FORCES O'MINET / OPERA RESIDENCE - STATE O'MINET / OPERA ARTHER NAME INSI D'ATTI EL COMMINION OF DISPOSIT BUYBLI CHEMISTO METHOD OF DISPOSIT SIGNATURE OF FUNE BORNATURE BORNATURE OF FUNE BORNATURE OF FUNE BORNATURE OF FUNE BOR	HOSPIAL: restautor, pre student pre control in the country Klamat P CODE P COD	st Burnday 90 Mx Impatient Cot and number Cot American 10 Mx 14. WAS DEC (Specify N Mexican P Specify: last 160 D	So Under 1 Year So Under 1 Year So Under 1 Year So Poys ER/Oxpahert So KIND OF BUSINI Motel 13c. CITY, TOWN, Klamath FEDENT OF HISRAN OO Year 41 WEEL DE	DOA OTHER & OC CITY K1 ESS/INDUSTRY OR LOCATION FAlls IC ORIGIN? ecity Cuban, No II Yes	8. SIRTH BETT E OF DEATH Nursing Ho , TOWN, OF amath	Screek, H (Check only of The Decode R LOCATION OF Falls 11. MARITAL S Wildow 13d. STREET A 918 (American Indian White, etc. (Spe	PA. ne) nes Home DEATH TATUS - Momen, Modowed, pecily) yed ND NUMBER Wens S caty)	Jul 7. DATE OF Mar Other (Specify) Eld: treet (Specify only)	F DEATH (Morat, Day, Year y 15, 1990 F BIRTH (Morat, Day, Year ch 28, 1900 Bu COUNTY OF DEATH Klamath SE (III Married, Wichmed) a Alameda
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21a	Donation Other (Sport			b. PLACE OF DISP	B OSITION (Name of cen	olory, crom	ustory, or	David 1	L. Sigad	lo, son
212	SIGNATURE OF FUNER PERSON ACTING AS S	A Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)			other place) Klamath Mamorial Pa					
ISTRAR 23.	Thiolis .		SEE OR	21b.	LICENSE NUMBER Of Licensee)	22. NAM	E, ADDRESS A	ND ZIP OF FAC	Dave Dave	OR 97601 enport's Chap
ISTRAR 23.1	rellam		leva	sport	47 - 3104	Klam	he Good ath Fal	Shepha Is. Ore	rd. 642	20 So. 6th St 503-7194
•	DATE FILED (Month, Day JUL	1 6 1990	. ,			24 CRECI	STRAR'S SIGN	TURE	d.	- / · / / / / / / / / / / / / / / / / /
	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?					26. WAS GIFT MADE				
—							YES DIN	DSv/A		
: -	ME OF DEATH	28. WAS MEDICA				1a. TIME OF			LY BY MEDICA	L EXAMINER O (Month, Day, Year, Hour)
	o the being of my knowle	i Dives 25∧	Wa			<u> </u>	м			
TIFIER	o the bear of my knowle ue to the beuse(s) and (Signatur)	manner stated.			-	at the tin	ne, usus, piace	and due to the	vestigation, in i cause(s) and	my opinion death occurred manner stated.
	ATE SIGNED (MOTIVE OF	,,),,,,				B. DATE SIG	INED (Month, D	ay, Your)		COUNTY
	uly 16 199	AND ZIP OF CERT	FIER/MEDIC	AL EXAMINER (Tio				 		
J	ohn J. Kleer	man, MD,	1905 M	ain Stree	t. Klamath	Falls	orego	n 9760	1	•
ANY										
TO 36. IN PART USE I	(a) CAUSE (ENTE	アンゼロ	0	POS (II), (D), AND	(c).) Do not enter mod	of dying, i	e.g. Cardioc or i	Respiratory Arre	est	Interval between onset and death
RITHE RLYING E LAST	DUE TO OR AS A COV	NSEQUENCE OF:	Joi	loino	-				·	Interval between onset and death
SE OF	DUE TO, OR AS A CON	ISEQUENCE OF:	1	$\frac{\omega}{\omega}$				•	1	Interval between onset and death
AIH PART	OTHER SIGNIFICANT (Conditions contributing	CONDITIONS •	led to cause	niven in PACT 4		37. Did tob	acco use contr	bute 3	8. AUTOPSY 3	9. If YES were findings conside
	womanding	MAR TAN FERE	in cause (geomannen I.		to the d Yos 197	Seath? No [] Probably	D	Yes XD No	in determining cause of dea
	UNNER OF DEATH		E OF INJURY	4 1b. TIME OF	4 tc. INJURY AT WORK?		RIBE HOW INJU	. 12		□ Yos □ No □ N/A
200	☐ Accident ☐ Under	stigation stermined			A □ Yes 25 No					
	☐ Homicide ☐ Luga	1416.PLA	ICE OF INJUI ding, etc. (Spo	Y - At home, farm, s city)	street, factory, office	11. LOCATI	ON (Street and	Number or Run	al Roule Number	, Cily or Town, State)
RESER	WED FOR REGISTRAR'S	USE								
· <u>L.</u>	THIS IS A TRUE					-	<u> </u>		·	45-2 REV. 1-89