_	Local File Number	Middle	Lost	2. \$1		F DEATH (Month, Day, Year)
$\mathcal{L} = \mathcal{L} \setminus \{0\}$	NAME Edward	A.	KING 5c. Under 1 Day 6. Bif	THPLACE (City and Stat	M Septe	mber 16,1990 F BIRTH (Month, Day, Year)
	50 AGE-12-0540 75	Last Birthday 5b. Under 1 Year Mos. Days H	ours Mins. Ma	ver. Arizon	a May	19, 1915
	WAS DECEDENT EVER IN		TOTUES:	EATH (Check only one) g Home D Decedent		pecify)
301494014111	St Yes No HOSPITAL DE FACILITY NAME (If not institution, gh	Inpatient ER/Outpatient	DOA Nursin	NOR LOCATION OF D	EATH	19d. CODNIT OF DEATH
1	Merle West Medica	l Center		th Falls	US - Married 12 SPOU	Klamath SE (II Mairied, Widowed)
. 2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	10b. KIND OF BUSINE	SANDUSTRY	Never Married, Divorced (Speci	Widowed, ly)	SE (II Married, Widowed)
3	ille. Do <u>not</u> use retired.) Farmer	Farming		Married	Nelli	e T. King
4	134. RESIDENCE - STATE 13b. COUNT			Rt. 1, E	30x 137	
5	California Mode	Liver Property OF HISPAN	IIC ORIGIN? 15.	RACE American Indian, Black, White, etc. (Spec	(Specify only	DENT'S EDUCATION highest grade completed)
6	13e. INSIDE CITY 131. ZIP CODE LIMITS?	(Specily No of Yes - If yes, a Mexican, Puerto Rican, etc.)	Ol No Fil Yes	White	Elementary/Secor	dary (0-12) College (1-4 or 5+)
•	Tyes Ki No 96134	last 18. MOTHER - NAME	first middle			and relationship to deceased
PARENTS	Ralph E. King	Margare	t E. Tinsley	ery crematory or 1200	lellie T. Kit	ig, Wile
DISPOSITION	20a. METHOD OF DISPOSITION ME	other place)				
7	X Burial C Cremation Removal Donation Other (Specify)	Mann Con	nmunity Ceme		Malin, Oreg	
·	218. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH	SE CICENSEE ON	LICENSÉ NUMBER 22 (Of Licensee)	O Hair's Ful	neral Chape	l, Inc. Falls, OR 97601
8	Merrio K	2.0 3				rans, Oil 07001
9	23. DATE FILED (Month, Day, Year)		24	REGISTRAR'S SIGNA	TURE LINAL	
REGISTRAR	SEP 1 8	990 MAKE REQUEST FOR ANATOMICA	L GIFT CONSENT? 26	WAS GIFT MAJE?	xxxxx y	
(D YES 10 NO D NIA	•	200	☐ YES KO NO	C) N/A	comprehendation (450)
, , , , , , , , , , , , , , , , , , ,		and Destination of the state of		TO BE COM	ALCOHOL CALLY BY MAI	ICAL EXAMINER
10	TO BE COMPLETO	ED BY CERTIFYING PHYSICIAN B MEDICAL EXAMINER NOTIFIED?	31a.	TIME OF DEATH 3	Ib. DATE PRONOUNCE	D DEAD (Month, Day, Year, Hour)
11	7:24 P. M G	Yes 🕅 No	and 32.	On the basis of examin	ation and/or investigati	on, in my opinion death occurred (s) and manner stated.
- CONTRACT	29. To the best of my knowledge, de due to the causels) and menner	sath occurred at the time, date, place		at the time, date, plac (Signature)	se and due to the caus	(a) and manner
CERTIFIER	1 000	mckellas	M. D. 1888	DATE SIGNED (Month,	Day, Year)	COUNTY
12	September 18, 1	aan				
13			ER(Type or Print)	Klamath Fr	alls Oregon	97601
14	Jon G. McKellar	M.D., 2300 Clair	ou or Print)	de la compa		
CONDITIONS IF ANY	;(a of dving, e.g. Cardiac	or Respiratory Arrest.	Interval between onset and death
WHICH GIVE RISE TO IMMEDIATE	1 0 A 1	Y ONE CAUSE PERLINE FURION OF	home	Paranel	_aitis	
CAUSE STATING TH UNDERLYIN	DUE TO, OR AS A CONSEQU	PACE OF:	\ A_			Interval between onset and death
CAUSE LAS	DUE TO, OR AS A CONSEQU	ENCE OF:	tress		77.77	Interval between onset and death
CAUSE	# · · · · · · · · · · · · · · · · · · ·			37. Did tobacco use	contribute (39 Aut	DPSY 39. If YES were findings consider
DEATH	PART OTHER SIGNIFICANT COND II Conditions contributing to de	ITIONS . eath but not related to cause given t	n PART I.	to the death?		
15	=			Yes ONo O Prob		ZENO LI Yes LI NO LI NIA
16	40. MANNER OF DEATH	41s. DATE OF INJURY 41b. TIME	OF 41c. INJURY RY AT WORK?	41d. DESCRIBE HOW	INJURY OCCURRED	
17	Pending Investigation	, .	M 🗆 Yes 🗆 No			Route Number City or Town State
[Suicide Manner	Dutiging, etc. (Specify	, larm, street, factory, offic	o 411, LOCATION (Sire	et and Mumbet of Hura	Route Number, City or Town, Stat
<u> </u>	Intervention RESERVED FOR REGISTRAR'S US	n				
	NEGETIVES TON NEGITIANIS OF					
			THE MACHINE NA	TEICHALLY		45.2 RSS 44
LO BELLOW	THIS IS A TRUE AND REGISTERED AT THE	EXACT REPRODUCTION OF E OFFICE OF THE KEMMATH	CUNTYSEGIS	ALCS COPY		
				11)~	10 () 1/1	Nino Pa
THE REAL PROPERTY.	34	CED 4 0 1000		KWA	DONNA A. VEF	LING O
民 医胸膜	DATE ISSUED	SEL I 9 1880			COUNTY REGIS	TRAR OREGON
	Pelli T- Ke	SEP 1 8 1990 Ag, Rt.1, 130	4 137, lu	Wall (Cary.9	6134 6%
MENTINGE AND	医克勒氏氏试验检检尿病 电线性流光 计正规程序			***************************************		
STATE OF	OREGON: COUNTY O	F KLAMATH: ss.		atea jeti saki 1967)		ga i i i miga pakasasan na ari na mina maran sa . Ta
to a first term of the first first						
	cord at request of	Nellie Ki	ng	4 <u>1. 1</u> . 1. 1.	the	20th