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划件	08677		OREGON DEPA	RTMENT OF HUM HEALTH DIVISION	AN HESOU	RCES		
5 // _	- 1.D. TAGN			Vital Records Un	it [136-	o File Number	Same:
× 1	Local File Nu	lumber	CEI	RTIFICATE OF D	EATH	2 SEX	3 DATE OF DEATH	
_ (NAME	nsı atricia	Mae_	Dingle	Le pierres ACE	Eny and State or fercings	November	26, 1990
	4 SOCIAL SECURITY	Y NUMBER SI AGE .	Last Belly Lty 5b Under 1	s Hours Mins.	Merrill	, Oregon .	March 12	, 1921
DAMES COMM	8 WAS DECEDENT E	EVER IN		- OTHER D	Nursing Home	Decedent's Home C Otto	r (Specify)	
EDENT	Clus Vish	(If not institution, give s		9c. CITY	, TOWN, OR LOCAT	ION OF DEATH	94 C	OUNTY OF DEATH
		en Crest Col		BUSINESS/INDUSTRY	amath Fal	RITAL STATUS - Married, or Married, Widowed,	12 SPOUSE (# M	laried, Widowed)
	(Give kind of wor Do not use retire	ak done during masi ur	working life.		Div	dowed	William	1 D
	Homemaker	STATE 136 COUNT	At 1	TOWN, OR LOCATION	134 5	TREET AND NUMBER		
	Oregon	Klan	nath Klai	nath Falls	15. RACE Ameri Black, White	11 Haven C	16. DECEDENT	nade completed)
	13e. INSIDE CITY LIMITS?	131 ZIP CODE	(Specify No or Yes - Mexican, Puerto Ricar	f yes, specify Ouban, Letc.) Will No Yes		Element	ary/Secondary (0-	(2) College (1-4 or 51)
{	□ Yes X□ No	97603	Specify:	- NAME first micklin	Whit	19 INFORMANT	NAME and relation	ship to deceased
RENTS 🐰	17. FATHER - NAME John	- Bur	rke Marg	aret -	Murphy		Bergstro	om/daughter
	20a METHOD OF D	DISPOSITION Mains	other p	OF DISPOSITION (Name of clace)			th Falls,	
POSITION	Dorulion Cl Of	itive (Specify)		nal Hills Memo	1	DODE CO AND ZIP OF FAC	ILITY	
	21a SIGNATURE O	OF FUNERAL SERVICE	LICENSEE OR	(Of Licenson)	l transit	te Vlamath F	unerat no	me ls, OR 97601
	Veril	ym G	lenning:	1257		AR'S SIGNATURE		
GISTRAR	4	NOV 2 7 1	990	OF CONCENTS	26 WAS GIF	MADE?	ay_	
	MIV 2 7 1991 75 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?				□YES □NO XDN/A			
	YES					TO DE COMO STED O	MY RY MEDICAL E	KAMINER
0	27. TIME OF DEAT		ED BY CERTIFYING PHYSIC MEDICAL EXAMINER NOTIF	ED?	31a TIME OF D		NOUNCED DEAD (A	donth, Day, Yoar, Hour)
1		ં! જ્ઞ	res No	place and	32. On the basi	s of examination and/or date, place and due to t	investigation, in my he cause(s) and ma	opinion death occurred nner stated.
ERTIFIER	ed due to the ca	Buse(a) and mainer an	ated.	0.	(Signatu	re)		
	7 120	D(Month, Day, Year)	sagun	200	33 DATE SIGN	ED (Month, Day, Your)		COUNTY
12	- [3 - 11. <i>1</i>	126/90	OF CERTIFIER/MEDICAL EX	AMINER (Type or Print)				
13	13		/ 3300 (lairmont / Kla	math Fal	ls, Oregon /	97601	
14	35 NAME OF A	I IEMDING LILISIATE				- 1		Interval between onset
	36 IMMEDIATE	CAUSE (ENTER ONLY	ONE CHUSE FER LINE FOR	a). (b), AND (c)) Do not on	y mode of dying.	g. Cardiac or Respiratory	Ancst.	and death
ONDITIONS IF ANY MICH GAVE		<u>Jelast</u>	ate Ma	lignand	_m/A	anome		interval betweenthiset and draffi
CHOITICHS IF ANY IN HOTH GAVE RISE TO INVEDIATE CAUSE	(a)	OH AS A CONSCIOU		<u> </u>				Interval between onset and death
ONDITIONS IF ANY ASCH GAVE RISE TO LULEDIATE CAUSE TATTING THE	DUE TO.						38 AUTOPSY 3	a B VFS were findings considered
ONDITIONS FANY MACHEMACE RISE TO RIVEDIATE CAUSE TRATING THE RIDERLYPIC CAUSE LAST	DUE TO.	OR AS A CONSEQUE	NCE OF:					In determining cause of death?
ONDITIONS IF ANY ASCH GAVE RISE TO LULEDIATE CAUSE TATTING THE	(c)			n In FART 1.	to the	acco use contribute desith?		
ONDITIONS FANY MECHGAME RISE TO RIVEDIATE CAUSE TATING THE RIDERLYPIC CAUSE LAST	(c)		IONS - that not related to cause gwn		to the	No [] Probably [] (A4	□ Yes 反 No	U YES 1 NO 1 NA
OHORITOHS F ANY MACHIGAVE RISE TO RISE TO RISE TO RISE TO RISE TATE OF THE RISE LAST CAUSE CAUSE TO THE RISE TATE RI	DUE TO. OD DUE TO. PART OTHER : Condition	SIGNIFICANT CONDITIONS CONTROL TO CONTROL CONTROL TO CO	NONS - To but not instance to cause given 4 to date of insulty (Aborts, Day, Your		to the	desth?	□ Yes 反 No	□ Yes □ NO □ NA
ONDITIONS FANY MODIGATE FOSE 10 RASEDATE CAUSE FATTING THE FACELLY PAGE CAUSE 01 FORALLY 15	PART CHER 40 MANKER C	SIGNIFICANT CONDITIONS CONTROLLING TO CONTROLLING T	10NS - 1 but not instance to cause gwi 41a DATE OF INJURY (Aborth, Day, Year)	IN TRUE OF 41c PLIUS BLIUSTY AT W	to the	NO I PRODUCT I THE	□ Yes № No	
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\$8.00 FEE

Return: Wm. Ganong, Sr. P.O. Box 57, Klamath Falls, Or. 97601