PER BERTHARD CO.					IONOEMI						4 (
	C-473		REGON D	HE	MENT OF HUMA ALTH DIVISION	N RES	OURCES				E 30	
	Local File Numi	bar			I Records Unit FICATE OF DEA	TH	T ₁₃₆	-	Stat	e File Number	A.	
, · ·	1. DECEDENT'S First NAME Mai		_	idie	Lasi	won		2. SEX	: 1	3. DATE OF D	EATH (Month, Day,	
()	4. SOCIAL SECURITY NO	IMBER 5a. AGE - L. (Years)	ast Birthday 55	rena o. Under 1 Ye	ar 5c. Under 1 Day	6. BIRTH	PLACE (City an	State of	Foreign	December 7. DATE OF B	er 10, 199 IRTH (Month, Day,	Year)
SHIRE THE SERVE SHEET IN	530-22-7127 8. WAS DECEDENT EVER U.S. ARMED FORCES?	IN	Мо		Hours Mins.	Spri	ngfield	Miss	ouri	Novemb	er 28, 19	13
DECEDENT	9b. FACILITY NAME (II n	MOSPITAL C	Inpatient:	ER/Outpatle	nt DOA OTHER:	Nursing H	ome X Dec	odent's h	lome []	Other (Specif	(y)	
1	4256 Selma	Street			KI		Falls				Klamath	
2	10a. DECEDENT'S USUAL (Give kind of work do life. Do <u>not</u> use retire		f working 10b	. KIND OF B	USINESSANDUSTRY		11. MARITAL S Never Mari Divorced (S	TATUS - led, Wide Specify)	Married. wed.	12. SPOUSE (I	Married, Widowed	
4	Homemakei			Own	Home		Marrie		ARER	Richard	d L. Went	worth
5	Oregon	Klama	ath	Klama	th Falls		4256	Selm	a Str	eet		
6	LIMITS?		(Specify No Mexican, P	DENT OF H o or Yes - If y Puerto Rican,	ISPANIC ORIGIN? yes, specify Cuban, elc.) 🖾 No 🗌 Yes	15. RACI Black	American Inc., White, etc. ((Spec	i6. DECEDENT ally only highe ry/Secondary (S EDUCATION st grade completed (0-12) College (1-4	0.5+)
Constant of the last	17. FATHER - NAME first	97603	Specify:	MOTHER - N	AME first middle	Wh			12		lationship to decea	
PARENTS	Albert Lee	McClintic	k	Mattie	- Wheeler			Rich	ard	L. Wen	tworth, hu	
DISPOSITION	☐ Burlat ಔ Cremation	n 🛘 Removal from	n State		Organia (Name of c					City or Town, S		
7	Donation Other	NERAL SERVICE I			Cremation S Z1b. LICENSE NUMBER (Of Licensee)		B ME, ADDRESS			Falls, (Oregon	
9	Merica Merica	1 Lec	0		(Of Licensee) 3329	O'H 515	nir's Fi Pine S	unera t., I	ıl Ch	apel, I	nc. s, OR 976	01
REGISTRAR	23. DATE FILED (Month,	DEC 11				177	STRAR'S SIG! MCY	Ken	MU (tir		
0	25. DID HOSPITAL REP		KE REQUEST F	OR ANATON	IICAL GIFT CONSENT?	26. WA	S GIFT MADE		N/A	J		
10			· ·	·······	6							
11	27. TIME OF DEATH	28. WAS ME	Y CERTIFYING DICAL EXAMINI)?	IIa. TIME				Y MEDICAL E	XAMINER O (Month, Day, Year	r, Hoirr)
	3:30/F7. \ 29. To the best #1 my k	nowedge death o		time, date, p	lece and	2. On the	M basis of exam	ination a	dior inve	stigation in my	onligion death occu	M
CERTIFIER	29. To the best of my k due to the druse() (Signa urr	ahr mander state	d		- 20		lime, date, pla (nature)	ice and d	ue to the	cause(s) and	opinion death occumenner stated.	
12	30. DATE SIGNED (No.)		<u>/ </u>		M.D.	S. DATE S	GNED (Month	. Day, Ye	ar)	·	COUNTY	
13	December	11 1990	CERTIFIER/MED	ICAL EXAMI	NER (Type or Print)					·		
14	John W. I	Kleeman,	M.D., 1	905 Ma	ain Street, K	lamat	h Falls.	Ore	gon	97601		
CONDITIONS IF ANY WHICH GIVE			_									
WHICH GIVE RISE TO IMMEDIATE CAUSE	36 IMMEDIATE CAUSE (E	wol	Fre	Soy	re Xyy	KO C	en Consiste	or Heson	Mory Are	st.	Interval between and death	onsel D.
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A	DOMREQUENCE O	Rni	K)	uldon	٠, ر					Interval between	onset
	DUE TO, OR AS A	CONSEQUENCE	DF:								Interval between	onset
CAUSE OF	_ (c) :	NT CONDITIONS	not related to	cause given	in PART I.		lobacco use the death?	contribut	9 38. 4	AUTOPSY 39.	If YES were findings or in determining cause o	onsidered I death?
CAUSE OF	PART OTHER SIGNIFICA	ivling to death but				1		ouy 🗆 u	nk [] Y		☐ Yes ☐ № ☐	
15	OTHER SIGNIFICA Conditions contrib	uling to death but				1 4	-					
	40. MANNER OF DEATH	41a.	DATE OF INJUR (Month, Day, Year)	41b. TIMI	E OF 41c. INJURY AT WORK?	1 4	CRIBE HOW	INJURY (CCURRE	D		
15	40. MANNER OF DEATH Results Property Pr	ending svestigation indetermined	(Month, Day, Year	inju	M 🗆 Yes 🗆 No	41d. DE	SCRIBE HOW					
15	40. MANNER OF DEATH	ending 41a. 41a. 41a. 41a. 41a. 41a. 11a. 11a.	(Month, Day, Year	INJU		41d. DE	SCRIBE HOW				mber, City or Town	, State)
15	40. MANNER OF DEATH Anatural Property of the control of the contr	ending 41a. 41a. 41a. 41a. 41a. 41a. 11a. 11a.	(Month, Day, Year,	INJU	M 🗆 Yes 🗆 No	41d. DE	SCRIBE HOW				mber, City or Town	, State)
15 16 17	40. MANNER OF DEATH	ending 41a. 41a. 41a. 41a. 41a. 41a. 11a. 11a.	(Month, Day, Year,	INJU	M 🗆 Yes 🗆 No	41d. DE	SCRIBE HOW				mber, Cily or Town	, State)
15	40. MANNER OF DEATH	ending vestigation indetermined tanner attornation RAR'S USE	PLACE OF INJU- building, etc. (S)	IRY - At home	M Yes No	41d. DE	CRIBE HOW				mber, City or Town	, State)
15 16 17	40. MANNER OF DEATH	ending vestigation indetermined tanner attornation RAR'S USE	PLACE OF INJU- building, etc. (S)	IRY - At home	M 🗆 Yes 🗆 No	41d. DE	CRIBE HOW					, State)
15 16 17	40. MANNER OF DEATH	ending vestigation indetermined fanner opal indetermined fanner opal indervention RAR'S USE	PLACE OF INJUDENT OF THE CONTROL OF THE	IRY - At home pecify) OTION OF REAMATH	M Yes No	41d. DE	CRIBE HOW					V PEP
15 16 17	40. MANNER OF DEATH	ending vestigation indetermined fanner opal indetermined fanner opal indervention RAR'S USE	PLACE OF INJU- building, etc. (S)	IRY - At home pecify) OTION OF REAMATH	M Yes No	41d. DE	CRIBE HOW	and Nur	nber or R		452 REV	T. PEP
15 16 17	40. MANNER OF DEATH	ending vestigation redetermined father some some some some some some some some	PLACE OF INJUDUISHING STORY COLUMN ST	IRY-At home pecify) ACTION OF REAMATH	M	41d. DE	COPY	and Nur	NNA A. V	LILING CELLING CTY, OREGON	452 REV	TO PER
15 16 17 17 18 SON	40. MANNER OF DEATH	ending vestigation relatermined to the control of t	PLACE OF INJUDENCE OF THE DEC 1 1	IRY AI home pecify) ATTION OF KLAMATH	M	41d. DE	COPY	and Nur	NNA A. V	LILING CELLING CTY, OREGON	452 REV	T. PEP
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151617	AO. MANNER OF DEATH RESERVED FOR REGIST THIS IS A TR REGISTERE! DATE ISSUE! THE STATE REGISTERE! THIS IS A TR REGISTERE! DATE ISSUE! THE STATE REGISTERE!	ue anding vestigation relatermined to the control of the control o	PLACE OF INJUDENCE OF THE DEC 11	ATION OF REAL PROPERTY OF THE PROPERTY OF T	M	A1d. DE	COPY OTAL	a C BOO COU KLAMAT	NNA A. V. NTY RECOUN	LILIUS CELLING	452 REV	OR EO
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