网络罗 罗人 17	068587 I.D. TAG NO.	OREGON	DEPARIM	LTH DIVISIO	AN RES	OURCES	````		
342	44 3/3 Local File Number	コ	Vita	l Records Un ICATE OF DE	it . •	136-	:Pag	File Number	<u> </u>
	1. DECEDENT'S FIRST HAME Hollis	· A	Middle Llen	WRIC	HT	2. SE	X 3	DATE OF C	DEATH (Month, Day, Yes
()	4. SOCIAL SECURITY NUMBER 544-10-7121	Sa. AGE - Last Birthday			IS BIRTH	DI ACE CON AND COM		. DATE OF B	B, 1989 BIRTH (Month, Day, Yea
DECEDENT	A WAS DECEDENT EVER IN	DITAL.		ga. PL	ACE OF DEAT	orado, OK			er 24, 1907
	9b. FACILITY NAME (If not institute	e inpatient	ER/Outpatien	9C. C	Nursing H	ome Decedent's	ATH	Other (Speci	d COUNTY OF DEATH
1	Merle West Med	dical Center		SINESSANDUSTRY	Klamat	h Falls		ĺ	Klamath
3	10a. DECEDENT'S USUAL OCCUP (Give kind of work done duri- life. Do not use retired.) Heating Plant S	ng most of working	Civil	Service		Never Married, Wi Divorced (Specify)	s - Married, 12 Idawed,	2. SPOUSE (I	If Married, Widowed)
4	13a. RESIDENCE - STATE 13b.	COUNTY		force Base		Married 13d. STREET AND N		Lottie	м
5	Oregon 13e. INSIDE CITY 13f. ZIP CO		ECEDENT OF HIS	th Falls	lis par	2650 Mem	orial D		TS EDUCATION
6	DEYes DAO 9760	(Specify Musical	y No or Yes - If ye in, Puerto Rican, i	es, specify Cuban, etc.) XI No LI Yes	Whi	American Indian, White, etc. (Specify,		ly only highs	(0-12) College (1-4 or 1
PARENTS	17. FATHER - NAME IIIST	middle tast	18. MOTHER - NA	AME first middle			FORMANT - N	NAME and ru	lationship to deceased
	20a. METHOD OF DISPOSITION	right Mausoleum	Mae - 20b, PLACE OF I	DISPOSITION (Name	of cometery, c	Lo		l. Wrig	tht, wife
DISPOSITION	XXBuriat Cremation C Re	emoval from State	omer praces	h Memorial		ļ			
8	Donation Other (Specify 21a. SIGNATURE OF FUNERAL SPERSON ACTING AS SUCH			21b. LICENSE NUMBE	R (22. NA	ME. ADDRESS AND 2	ZIP OF EACH	ITY	, Oregon
9	Mexico	R.0	'	(01 Licensee) 3329	H'O	air's Funer	ral Cha	pel. I	nc. OR. 97601
REGISTRA	23. DATE FILED (Month, Day, Ye				L	STRAR'S SIGNATUR		,	
<i>(</i>)	25. DID HOSPITAL REPRESENT	JUL 2 4 1989 FATIVE MAKE REQUES	ST FOR ANATOM	ICAL GIFT CONSENT		S GIFT MADE?	nnea	4	
· (, , ,	YES DENO	N/A		····	Territoria ma	yes XXno [□ N/A		
10	TO BE COM	PLETED BY CERTIFYII	NG PHYSICIAN			TO BE COMPLET			
11	10:45 P. M	WAS MEDICAL EXAM			31a. TINE (OF DEATH 31b. D.	ATE PRONOL	UNCED DEA	D (Month, Day, Year, He
CERTIFIER	29. To the best of my knowledg due to the cause(s) and mai (Supposture)	pe, death occurred at t nner stated.	he time, date, pir	sce and	32. On the	basis of examination time, date, place and	and/or investi d due to the c	igation, in m	y opinion death occurred manner stated.
	30. DATE SIGNED (Month, Day, 1		nature)						
12	1 July 19, 1989				33. DATE 8	IGNED (Month, Day,	Year)		COUNTY
13	Jon G. McKel	lar. M.D	2300 Cle	irmont Str	oot VI	omath Palla		00	
		SICIAN IF OTHER THA	N CERTIFIER (Ty	rpe or Print)	oct, Iti	math Palls	s, Oreg	ion 970	PO1
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE		NLY <u>ONE</u> CAUSE <u>PER</u>	LINE FOR (a), (b),	AND (c).) Do not ente	mode of dyin	g. e.g. Cardiac or Resi	piratory Arres	t.	Interval between onse and death
CAUSE STATING THE UNDERLYING CAUSE LAST	1 200	OUENCE OF:	ئ		· · · · ·	·			Interval between onse
anjour Day,	(b)	QUENCE OF:							and death
<u> </u>	DUE TO, OR AS A CONSE			•		<u> </u>			Interval between onse and death
CAUSE OF DEATH	(c)		to cause given is	n PART I.		tobacco use contribu	Jule 38. AU	TOPSY 39	If YES were findings consid
CAUSE OF DEATH		death but not related			-1 /				in determining cause of des
DEATH	COPO AST	death but not related	JURY 415. TIME	OF 41c INJUST	Wes !	ONO O Probably O		s XÌ No	in determining cause of dea
15	COPD AST	41e. DATE OF IN. (Month, Day, 1	JURY 41b. TIME Year) INJUR	'''	Ofes I			s XÌ No	in determining cause of dea
15	COPD A	41a. DATE OF IN: (Month, Dey, 1) lined	NJURY - At home.	M 🖸 Yes 🗆	No DES	ONO O Probably O	Y OCCURRED	s XÌ No	□ Yes □ No □ N/A
15	PART OTHER SIGNIFICANT CON Conditions contributing to COPD AS MANHER OF DEATH MORE O	41a. DATE OF IN. (Month, Day, 1) tion thred 41a. PLACE OF III building, etc	NJURY - At home.	M 🖸 Yes 🗆	No DES	ONO O Probably O	Y OCCURRED	s XÌ No	in determining cause of dea
15	COPO AST O MANNER OF DEATH MANNER OF DEATH Accident Dradelent Suicide Logal Homicide Legal Lega	41a. DATE OF IN. (Month, Day, 1) tion thred 41a. PLACE OF III building, etc	NJURY - At home.	M 🖸 Yes 🗆	No DES	ONO O Probably O	Y OCCURRED	s XÌ No	□ Yes □ No □ N/A
15	COPO AST O MANNER OF DEATH MANNER OF DEATH Accident Dradelent Suicide Logal Homicide Legal Lega	41s. DATE OF IN. (Month. Coy. 1) tion lined 41s. PLACE OF III building, sto	NJURY - At home, c. (Specify)	M 🗀 Yes 🗆	ES fee 41d. DES	ONO OPPODADLY CITED TO PROPERTY OF THE PROPERT	Y OCCURRED	s XÌ No	in determining cause of de-
15	COPO ACTION ACCIDENT CONTROL OF THE SIGNIFICANT	41e. PLACE OF III. 41e. P	NJURY-AI home, a. (Specify) NAL — V ODUCTION O	M O Yes O larm, street, factory, o	No Hice 417. LOC	OPY	Y OCCURRED	s XÌ No	□ Yes □ No □ N/A
15	COPD ASTOCKARD OF THE STREET STARTS UNIFICANT CONTRIBUTION OF THE STARTS	41e. PLACE OF III. 41e. P	NJURY-AI home, a. (Specify) NAL — V ODUCTION O	M O Yes O larm, street, factory, o	No Hice 417. LOC	OPY	Y OCCURRED	s XÌ No	in determining cause of de-
15	COPO ACTION ACCIDENT CONTROL OF THE SIGNIFICANT	41. DATE OF IN. 41. DATE OF IN. (Month, Coy.) 41. PLACE OF III building, etc. ORIGII ID EXACT REPRO	NAURY - AL HOME, - (Specify) NAL - V ODUCTION O HE KLAMATH	M O Yes O larm, street, factory, o	No Hice 417. LOC	OPY	Y OCCURRED	s XÌ No	in determining cause of de-
15	COPO ACTION ACCIDENT CONTROL OF THE SIGNIFICANT	41e. PLACE OF III. 41e. P	NAURY - AL HOME, - (Specify) NAL - V ODUCTION O HE KLAMATH	M O Yes O larm, street, factory, o	No Hice 417. LOC	COPY	Y OCCURRED	s X No	in determining cause of de-
15	COPO ASTOCKA OF THE SIGNIFICANT CON III CONDITIONS CONTRIBUTING TO COMMENT OF DEATH O. MANHER OF DEATH NATURAL PROBLEM INVESTIGATION CONTRIBUTION	all DATE OF IN. ALL DA	NAL — V DDUCTION O HE KLAMATH	M	CI/es 11d. DEI	CODY AMARIA MARK COUN KLAMATH	Y OCCURRED NUMBER OF RUI NUMBER OF	rai Route Nu rai Route Nu man man onegon	whose, City or Town, Sta
DEATH 15 16 17	COPO ASTOCKA OF THE SIGNIFICANT CON III CONDITIONS CONTRIBUTING TO COMMENT OF DEATH O. MANHER OF DEATH NATURAL PROBLEM INVESTIGATION CONTRIBUTION	a DATE OF IN. 11. DATE OF IN. 11. DATE OF IN. 11. Mouth, Dey, 1 11. DATE OF IN. 11. Mouth, Dey, 1 11. DATE OF IN. 11. Mouth, Dey, 1 12. DATE OF IN. 13. DATE OF IN. 14. DATE OF IN. 15. DATE OF IN. 15. DATE OF IN. 16. DATE OF IN. 17. DATE OF IN. 18. DATE OF IN. 18. DATE OF IN. 19. DATE OF IN. 19	NAL — V ODUCTION O HE KLAMATH	M O Yes O larm, street, factory, o	CI/es 11d. DEI	CODY AMARIA MARK COUN KLAMATH	Y OCCURRED NUMBER OF RUI NUMBER OF	rai Route Nu rai Route Nu man man onegon	whose, City or Town, Sta
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