,~ b %	E 4977 I.D. TAG NO.	コ	ON DEPARTMENT OF HEALTH DE CENTER FOR HEAL CERTIFICATE		136-	State File	Number	±2€
86	Local File Numb	ber	Middle	I nal			nc 1007	
(N.	ECEDENT'S First		aye Say 5b. Under 1 Year 5c. U	nder 1 Day 6. BIRTHI	TACE (City and State	e or Foreign 7. DA	une 2	1908
4.50	OCIAL SECURITY NU	MBER 5a AGE-Last Birtho (Years)	Mos. Days Hours	Mint. Ci	(Check only one)			
4 8.W/	AS DECEDENT EVER S. ARMED FORCES?	IN HOSPITAL FILES	ent DER/Outpatient DOA	OTHER XXXX raing H	I Decedent a	Home Other (S		Y OF DEATH
<u>.</u>	Yes A.ANO	not institution, give street	and number)	PC. CITY, TOWN, C	nce:		La La	n.e.
1		Siuslaw Ca	LION KIND OF BUSINESSANT		11. MARITAL STA Never Married, Divorced (Spec	TUS . Married, 12. Widowed, city)	SPOUSE (II Married	
104	DECEDENT'S USUA (Give kind of work of Do not use retired.)		Own Home		Dinon	cea I		
	Home Mc	aker	13c. CITY, TOWN OR LO	CATION	13d. STREET AND 8 1 8 8 7		tion Rd	DCATION
- 1	Oregon	1	Westlake Was decedent of Hispanic of ecity no or yes 11 yes, specify cu ecity no or yes 12 yes, 10 in in	RIGIN? 15. RAC	E American Indian White, etc. (Specif			de completed) College (1-4 or 5+)
13	M. INSIDE CITY IS	I Me	XICEN, PUBLIC HIGHER TOTAL	lyes (L		. 1	AME and relations	
— (□ YesXXN0	97493	IAST 18. MOTHER - NAME SIR	it middle maiden	11	Roh Gar	lett ne	phew
ÍNIS	C.U. HO) R N	Ida Mae	HAKKIS	crematory, or 2	A- LOCATION - C	ity or Town, State 2, Onegu	n
	THE PARTY OF THE	SPOSITION Mausoleur	" Other brace, " "	Family Ch	2,1100	_		
SITION		Coecity		25 1001050 122	NAME, ADDRESS	AND ZIP OF FACIL	אזו,	. 07420
	21a. SIGNATURE OF PERSON ACTIN	FUNERAL SERVICE LICE	40	7 3085 KL	P.O. BUX	(230 12	orence,	OR 97439
	() Lee		2.00	24	REGISTRAR'S SIG	NATURAL C	Trav	is
STRAR	23. DATE FILED IM	une 4	REQUEST FOR ANATOMICAL GIF	T CONSENT? 26	WAS GIFT MADE			
			REQUEST FOR ALLATO		CYES ON			
	YES O		20.044			OMPLETED ONLY	BY MEDICAL EXA	MINER (onth, Day, Year, Hour)
[27. TIME OF DEAT		CAL EXAMINER NOTIFIED?	318.	, m	1		MA .
	27. TIME OF U.S.	1	ام_	32	On the basis of exa at the time, date, p	mination and/or in lace and due to th	e cause(s) and ma	opinion death occurred nner stated.
1	29. To the best of	f my knowledge, death of	curred at the time, date, place and	. ~ >	(Signature)			COUNTY
GERTIFIER ?	Signature	Itis It	BSOUMD IN		DATE SIGNED (Mo	nth, Day, Year)		
	30. DATE SHORE	TO X 19 2		Tues of Print)		1,		ST 97189
	34. NAME, TITLE	E. ADDRESS AND ZIP OF	CERTIFIERVMEDICAL EXAMINER (OBOX	19,000	+10	iena.	
	1 41 1		THE THAN CERTIFIER (Type of	r Print)				interval between onset
	32 HAME O			AND (c).) Do not enter t	node of dying, a.g.	مامما	ase	Interval between onset
ONDITIONS IF ANY	E NAME OF A	CAUSE (ENJER ONLY C	NE CAUSE PER LINE POR LAN IN		.u ne	MOLLY		
FISE IU	36. IMMEDIALE	E CAUSE (ENTER ONLY C		cerebr	al ne	MOLL		and death
MMEDIATE CAUSE	36. IMMEDIALE PART (A) DUE TO	R AS A CONSEQUENCE	DE OF:	CENEDI	al ne	MOTI	<u> </u>	interval between onset and death
MMEDIATE CAUSE	36. IMMEDIACE PART (a) DUE TO	O, OR AS A CONSEQUEN	CE OF:		Total tobacco	isa contributa	<u> </u>	and death
CAUSE O	36. IMMEDIACE PART (a) DUE TO	O, OR AS A CONSEQUEN	CE OF:		37. Did tobacco uto the death?	usa contribute	38. AUTOPSY 3	Interval between onset and death
HISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	36. IMMEDIACE PART (a) DUE TO	O, OR AS A CONSEQUEN	CE OF: ON S Out not resulting in the underlying car.	use given in PART I.	37. Did tobacco to the death?	use contribute ☐ Probably ☐ Linknown	38. AUTOPSY 3	Interval between onset and death 3. If YES were lindings considered determining cause of death?
CAUSE O	36. IMMERIDAE PART (a) DUE TO (b) DUE TO (C) PART (C) PART (C) PART (C) PART (C) PART (C) PART (C)	O, OR AS A CONSEQUENCE. R. SIGNIFICANT CONDITION R. SIGNIFICANT CONDITION R. OF DEATH	CE OF:	OF 41c. INJURY AT WORK	37. Did tobacco to the death? This company to the death? Ald. DESCRIBE	probably Unknown	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of death? Yes \(\sigma \) No \(\sigma \) N/A
HISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	36. IMMEDIALE PART (a) DUE TO DUE TO PART (C)	O, OR AS A CONSEQUENCE O, OR AS A CONSEQUENCE OF CONTROL OF CONTRO	CE OF: NS - sur nox resulting in the underlying Cau A1a DATE OF INJURY 41b. TIME (Month, Dey, Year) INJUR	OF 41c. INJURY AT WORK	37. Did tobacco to the death? 185 185 41d. DESCRIBE	probably Unknown	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of death? Yes \(\sigma \) No \(\sigma \) N/A
CAUSE O	36. IMMERIDAE PART (a) DUE TO (b) DUE TO (c) PART OTHER 11 COMMERCE 40. MANNEL	O, OR AS A CONSEQUENCE O, OR AS A CONSEQUENCE OF CO	CE OF: NS - sur not resulting in the underlying Cal and Tabate OF INJURY 41b. TIME (Month, Day, Year) HAJUE	OF 41c. INJURY AT WORK	37. Did tobacco to the death? 185 185 41d. DESCRIBE	probably Unknown	38. AUTOPSY 3	Interval between onset and death 3. If YES were lindings considered determining cause of death?
HISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	30. IMMERIDAE PART (a) DUE TO OUE TO PART (c) PART (d) OUE TO OUE	R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION R OF DEATH Tural Pending Investigation (cident icide completed intervention)	CE OF: NS out not resulting in the underlying car at a DATE OF INJURY 41b. TIME INJURY (Month, Day, Year) dd	OF 41c. INJURY AT WORK	37. Did tobacco to the death? 185 185 41d. DESCRIBE	probably Unknown	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of death? Yes \(\sigma \) No \(\sigma \) N/A
CAUSE OD DEATH	36. IMMERIDAE PART (a) DUE TO (b) PART (c) PART (c) PART (c) HI GOING ACC. Sull HO RESERVED	R OF DEATH Tural Pending Investigation Cident Undetermined Intervention D FOR REGISTRAR'S USE	CE OF: NS - out not resulting in the underlying cal A1a.DATE OF INJURY A1b. TIME (Manth, Day, Year) 41b. PLACE OF INJURY - At hom building etc. (Specify)	OF 41c. INJURY RY AT WORK M 14s. INJURY M 14	GT. Did tobacco to the death? This best 270 41d. DESCRIBE	use contribute Probably Unknown HOW INJURY OCC	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of death? Yes \(\sigma \) No \(\sigma \) N/A
HISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	36. IMMERIDAE PART (a) DUE TO (b) PART (c) PART (c) PART (c) HI GOING ACC. Sull HO RESERVED	R OF DEATH ILITIAL INVESTIGATION OF THE PRODUCT OF	CE OF: NS	OF 41c. INJURY AT WORK M Yes No. Interpretation.	57. Did tobacco to the death? 1 has 2770 41d. DESCRIBE 100 41f. LOCATION	use contribute Probably Unknown HOW INJURY OCC	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of death? Yes \(\sigma \) No \(\sigma \) N/A
CAUSE OD DEATH	36. IMMERIDAE PART (a) DUE TO (b) PART (c) PART (c) PART (c) HI GOING ACC. Sull HO RESERVED	R OF DEATH ILITIAL INVESTIGATION OF THE PRODUCT OF	CE OF: NS - out not resulting in the underlying cal A1a.DATE OF INJURY A1b. TIME (Manth, Day, Year) 41b. PLACE OF INJURY - At hom building etc. (Specify)	OF 41c. INJURY AT WORK M Yes No. Interpretation.	57. Did tobacco to the death? 1 has 2770 41d. DESCRIBE 100 41f. LOCATION	ise contribute	38. AUTOPSY 3	and death Interval between onset and death 3. If YES were lindings considered determining cause of easing Termining Course of Park 1. If YES Were lindings considered determining cause of easing Termining Cause of easing Termining Cause of easing Termining Terminin
CAUSE OD DEATH	36. IMMERIDAE PART (a) DUE TO (b) PART (c) HI CHEF II CHEF II CHEF III CHEF	R SIGNIFICANT CONSEQUENCE R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION R OF DEATH R OF DEATH ILVIA Pending Cident Undetermine Licide Logal Intervention FOR REGISTRAR'S USE THIS IS A TRUE AT REGISTERED AT	CE OF: NS - SUIT NOT resulting in the underlying cause of the control of the con	OF 41c. INJURY AT WORK M 1948 1 No. (arm, street, factory, of	37. Did sobacco do to the death? 1 has	## Contribute	Der or Rural Route	and death Interval between onset and death In YES were lindings considered determining cause of easin? Yes \ No \ N/A Number, City or Town, State)
CAUSE OD DEATH	36. IMMERIDAE PART (a) DUE TO (b) PART (c) HI CHEF II CHEF II CHEF III CHEF	R SIGNIFICANT CONSEQUENCE R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION R OF DEATH R OF DEATH ILVIA Pending Cident Undetermine Licide Logal Intervention FOR REGISTRAR'S USE THIS IS A TRUE AT REGISTERED AT	CE OF: NS - SUIT NOT resulting in the underlying cause of the control of the con	OF 41c. INJURY AT WORK M 1948 1 No. (arm, street, factory, of	37. Did sobacco do to the death? 1 has	## Contribute	Der or Rural Route	and death Interval between onset and death In YES were lindings considered determining cause of easin? Yes \ No \ N/A Number, City or Town, State)
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CAUSE OF STATES	35. IMMERIDAE PART (A) DUE TO (b) PART (C) PART	R SIGNIFICANT CONDITION OF THE ISSUED AT ISSUED AT ISSUED	CE OF: NS A1a. DATE OF INJURY A1b. TIME (Month, Day, Year) 41a. PLACE OF INJURY A1b. TIME (Month, Day, Year) A1c. PLACE OF INJURY A1born building etc. (Specify)	OF 41c. INJURY AT WORK M Ves ON Ne.farm.street, factory.off	37. Did subacco to the death? 'he	Ise contribute	Der or Rural Route Der or Rural Route ACCURRED DOINTY REGISTR LE COUNTY, ORE	and death Interval between onset and death 9. If YES were tricings considered determining cause of ceath? Yes No N/A Number, City or Town, State Pelon N/A Region N/A Number N/A
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05AH	35. IMMERIDAE PART (A) DUE TO (b) PART (C) PART	R SIGNIFICANT CONDITION OF THE ISSUED AT ISSUED AT ISSUED	CE OF: NS - NOT not resulting in the underlying call the control of the underlying call the underlying call the control of th	OF STATISTICS. OF STATISTICS OF STATISTICS. OF STATISTICS OF STATISTICS. OF THE DOCUMENT OF STATISTICS.	ST. Did subacco to the death? 1 hs	Iss contribute	Der or Rural Route Der or Rural Route NNETH W. CHAM OUNTY REGISTI EE COUNTY, ORE the y recorded	and death Interval between onset and death 9. If YES were tricings considered determining cause of ceath? Yes No N/A Number, City or Town, State Pelon N/A Region N/A Number N/A