	1 280			TH DIVISION HEALTH STAT	136	•		0130
	Local File Number		Middle	Lest	n		File Number 3 DATE OF DE-	ATH (Month, Day, Year)
	Lyle 4 SOCIAL SECURITY NUMBER		therford	OLSON 5c. tinder 1 Day 6 i	BIRTHPLACE (City an	Male d State or Foreign	June 19	1992 TH (Month, Day, Year)
	540-09-0538	('ears) 79		burs Mins	urora, Mi	nnesota	July 17	, 1912
Dicibiat	8 WAS DECEDENT EVER IN U.S. ARMED FORCES?	OSITE AL Minpatient	[]ER/Outpatient []	DOA OTHER [] Hurs	EATH (Check only)	ent's Home [.]Ot	nn (Specify)	
1	96 FACILITY NAME (II not insti Merle West Medi		number)	1	math Fall		90	Klamath
2	10a. DECEDENT'S USUAL OCCU (Give kind of work done duri) Do not use retired.)	UPAT ON	106 KIND OF BUSINES		11. MARITAL Never Man	STATUS - Married, ried, Widowed, Specifyl	12 SPOUSE #	Married, Widowed)
3	Aircraft Mechan	ic 5. COUNTY	Lockheed		Marr 13d. STREET	ied	Phyl	
4	Oregon	Kiamaih	Klamath	Falls	197	Dahlia	<u> </u>	
5	13e. INSIDE CITY 131. ZIP CO LIMITS?	Specify N	DECEDENT OF HISPANI O or Yes - If yes, specify Puerto Rican, etc.) ALJ No.	C ORIGIN?	PACE American Ind ink, White, etc. (Soe	Elementa	ecify only higher ry/Secondary (0	S EDUCATION of grade completed) 12) College (1-4 or 5+)
	XI Yes ONO 976	O1 Specify:	18 MOTHER PAME	first middle maid	Wiite	19 INFORMANT		Ironahip to deceased
PARENTS	Peter - Ols		Anna -	Hassel	erv. crematory, or	Phyllis	Olson -	
DISPOSITION	WBurist □Cremation □Rer	moval from State	other place)	lis Memoria				Oregon
7	☐ Donation ☐ Other (Specify 21a. SIGNATURE OF FUNERAL PERSON ACTING AS SUCI				NAME, ADDRESS	AND ZIP OF FAC	LITY	
o	Jim do	menste		3224		#39/ Klan		e ls, OR 97603
REGISTRAR	23. DATE FILED (Month, Day, Y		22	24	HEGISTRAR'S SIG	LO P	Sobers	∞n .
	25. DID HOSPITAL REPRESENT		FOR ANATOMICAL GI	FT CONSENT? 26	WAS GIFT MADE			
 	<i></i>		A-4		P. Prich Chicke			
1		MPLI TED BY CERTIFY		318.		OMPLETED ONLY		Afonth, Day, Year, Hourt
	14:45 M 29. To the best of my knowledg	13 Yes X No	ne time, date, place and	32.0	M In the basis of exam	nination and/or inv	estigation, in my	opinion death occurred inner stated
CERTIFIER	due to the cause(s) and ma	C C			i (na time, dare, pia Signature)	ce and due to the	Canada) and m	hinel states
2	30. DATE SIGNED (Month, Day	-lea		33.0	ATE SIGNED (Monti	, Day, Year)		COUNTY
13	34, NAME, TITLE, ADERESS A					OB	7001	4
14	Saul Silverthan		610 Uhrmann		math Falls	, UK.	97601	
CUNITATION	1	and the second second						
CONDITIONS IF ANY WHICH GAVE RISE TO	38. IMMEDIATE CAUSE (ENTE	R ONLY DIE CAUSE P	ER LINE FOR (8). (b), Af	ND (c).) Do nat enter mod	ve of dying, e.g. Car	diac or Respirator	Arrest.	interval between onset
IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE	PART (a)	a Comer	ER LINE FOR (#). (b), AF	ND (c).) Do not enter mod	ve of dying, e.g. Car	diac or Respirator	Arrest	Many Grand
IF ANY	DUE TO, OH AS A CON	SAN ENCE OF	ER LINE FOR (#), (b), AI	ND (c).) Do nat enter mod	ਮੁਝ of dying, e.g. Car	diac or Respirator	Arrest	Money Uraca Interval be wifth onset and death
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FANTE OF THE STATE	PART (a) DUE 10, OR AS A CON (b) DUE 10, OR AS A CON PART OTHER SKINFICANT CI Conditions contributing to	SEA ENCE OF: SECI ENGINE: ONLY TONS - o dee h but not resulting	in the underlying cause :	given in PART.3.	7 Did tobacco use con to the death? [] Max	ontribute 38 oberby sknown L3	AUTOPSY 39. n de	Indexe Uraca Interval between onset and death Interval
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