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| | 540-12-404 | [(TE#/3) | 0 Mos | Under 1 Year Days | Sc. Under t Day Hours Mins | Swe | et, ld | iaho | | | er 4, 1921 |
| THE PARTY OF THE | 8 WAS DECEDENT EV | ER IN | | | | OF DEATH | (Check only | one) | []Other (Spe | ecity) | |
| PICIDINT | 90. FACILITY NAME (| HOSPITAS | Inpatient Di | | 9c. CITY. | TOWN, O | RLOCATION | OF DEATH | | 9-1 | COUNTY OF DEATH |
| 1 | Merie We | est Medical | Center | KIND OF BUSI | | lamati | h Falls | STATUS A | arried 12 SP | | Klamath |
| 2 | 10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) | | | Wholesale Food Industr | | | Never Married, Widowed, Divorced (Specify) | | | Alice J. Badley | |
| 3 | Meat Cut | | | Wholesale | | stry | 13d STHEE | AND NUME | IEN . | | 7. 000.07 |
| 4 | Oregon | Klam | THE WAS DEC | FOENT OF HISP | ANIC ORIGIN? | 15 RACE | 1335 American In White, etc. (S) | | ut Ave | ECFDENT | S EDUCATION st grade completed) |
| 5 | LIMITS? | 97601 | (Specify No or Mexican, Puer Specify | (Yes - If yes, sty rto Rican, etc.) | city Cuban, No El Yes | • | vnie, eic /S/ hite | E | emenjary/Sec | ondary (0 | (12) College (1.4 or 5 + 1 |
| - | 17. FATHER - NAME | lirst middle | | MOTHER NAM | | maiden | | I. | | | tionship to deceased |
| PARINIS | Robert H | enry Badle | | Velma - | Harringto | | rematory, or | | J. Ba | | Spouse |
| disposition | 20a. METHOD OF DIS | SPOSITION Maus tion Removal from | | other place) | Cremation | | | 1 | | | Oregon |
| 7 | □Docation □Oth | | LICENSSEADR | | LICENSE NUMBER | 22 NA | ME, ADDRES | S AND ZIP C | F FACILITY | | |
| 88 | PETSON ACTIN | FUNERAL SERVICE | 1 | / | 52-0297 | -l o'⊦ | lair's | Funera | Chap | ei Falls | OR 97601 |
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| _ | LI YES LIN | | | | | T | | no Lin | | | da isang sa |
| \ | .(• | TO BE COMPLETED | BY CERTIFYING | PHYSICIAN | | | 10 BE | COMPLETER | ONLY BY M | EDICAL E | XAMINER |
| 11 | 27. TIME OF DEATH | 28. WAS ME | DICAL EXAMINE | ER NOTIFIED? | | | OF DEATH | .[| | | (Month, Day, Year, Hour) |
| | 29 To the best of m | M Yes | occured at the t | imo date, place | and | 32. On the | e basis of ex time, date, p | amination an place and due | dior investiga- to the cause | tion, in m | y cynnion death occurred anner stated |
| THE PERSON NAMED AND ADDRESS OF | | 12) and 11) 312 | 7// |) | | ISigna | iture) | | | | |
| CERTIFIER | (Signature) | MA | 1/4 | | M.D. | | | | | | |
| (derina) | (Signature) 30. DATE SIGNED | | 7 | <u>/</u> | м.р. | 33 DATE | SIGNED (Mo | nth, Day, Yea | ,,, | | COUNTY |
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