977	I.D. TAG NO.		REAL	TH DIVISION	' V [ ]	11.11.14	·~ •				
	F - 9157 Local File Number	. 7	CENTER FOR	HEALTH STA	ATIST	ICS 136	3.	State Fil	e Numbe		
1269	1. DECEDENT'S First		Middle	Last			2. SEX			EATH (Month, I	Day, Year)
	NAME James	Lev	el .	O'Donahi	<u>е</u>		M		Sept.	16. 199	2
	4.SOCIAL SECURITY NUMBER	Sa. AGE-Last Birthday (Years) 91	5b. Under 1 Year Mos. Days H	5c. Under 1 Day ours Mins.	_ Count		WA.	- 1		rv 12.	
	543-10-9234 b was decedent even in u.s. armed forces?				F DEATH	(Check only	one)				
DECEDENT	90. FACILITY NAME (II not inst	OSPITAL Inpallent		DOA UIHER DA	luising H TOWN, O	R LOCATION	OF DEATH	L.JOther (	Specify)_	d COUNTY OF	DEATH
	2425 Watson					Falls				Klamat	
	10s. DECEDENT'S USUAL OCC (Give kind of work done duri Do not use retired.)	UPATION ing most of working life.	106. KIND OF BUSINES	SANDUSTRY		11. MARITAL Never Mai Divoiced i	STATUS - M riled, Widow (Specify)	larried, 12. ed,	SPOUSE	It Married, Wido	<del>we</del> d)
	Sal		Farm Sup			Marri			lelen	s	
	13a. RESIDENCE - STATE 13		Klamath F			13d. STREET	Watson		oo t		
	Oregon K 13e. INSIDE CITY 131. ZIP C	(lamath	DECEDENT OF HISPANINO OF Yes - If yes, specify Puerto Rican, etc.) X No	CoRIGIN?	15. RACE	American Inc		16	DECEDE	NT'S EDUCATION	leted)
	□Yes \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Puerto Rican, etc.) XI No	☐Yes		ite	EI	ementary/S 8 f		(0 12) College	(1 4 or 5 + )
	17. FATHER - NAME first	middle last	18. MOTHER - NAME		malden		l	MANT - NA	ME and re	lationship to de	ceased
PARINIS	Daniel -	O'Donahue	Sara 206. PLACE OF DISPO	- Leve		ematory, or	Hele 20c. LOCA	en S.			
DISPOSITION	20a. METHOD OF DISPOSITION  Wild Gramation Gre		other place)				Vlam	ath Fo	ni i e		
annatase in service	□Donation □Other (Specify		1	lills Memor		WE, ADDRESS	1				
	21a. SIGNATURE OF FUNERAL PERSON ACTING AS SUC	SENTE LICENSEE C		CENSE NUMBER	Ete	rnal Hi	ills F	uneral	l Hom		
	Jum d. to	de		302		1 Hwy #		ama th	Fall	s, Orego	n
REGISTRAR	23. DATE FILED (Month, Day, Year) SEP 2 1 1992					Chau		Bob	uns	<u> </u>	
	25. DID HOSPITAL REPPESEN	TATIVE MAKE REQUES	T FOR ANATOMICAL GI	FT CONSENT?	1	S GIFT MADE				•	
	OVES DNO ON	WA	487.478.	2. A. m 14		YES DN	о Хил		7.53E.M	4.704.20	
	TO BE COMPLETED BY CERTIFYING PHYSICIAN						OMPLETED	ONLY BY	MEDICAL	EXAMINER Day, Y	(ast Moust
	12.	B. WAS MEDICAL EXAN	MINER NOTIFIED?	<b>2</b>		W	[				. м
	6:40 p.1 29. To the best of my knowled due to the cause(s) and the	ge, death occurred at the	he time, date, place and	3 <del>3</del>	2. On the	basis of exam time, date, pla	inination and ace and due	to the cau	gation, in se(s) and	my opinion deat manner stated	h occurred
CERTIFIER	(Signature)				(Signal	ure)					
	30. DATE SIGNED (Mortin, Day				3. DATE	SIGNED (Mont	ih, Day, Year	')		COUNTY	
	Jentes 34. NAME, TITLE, ADDRESS A	mber 18,1	MEDICAL EXAMINER (T)	Printi							
	A NAME, TITLE, NODICESS A	HID EN OF CHILDREN		(per or rivin)							
l .	18										
	35. NAME OF ATTENDING PH	YSICIAN IF OTHER TH	AN CERTIFIER (Type of I	rint)	nath	Falls	Orego	976	501		
CONDITIONS IF ANY	35. NAME OF ATTENDING PH Robert F. Bo	YSICIAN IF OTHER TH	AN CERTIFIER (Type or I	rint) Pd / Klon	nath mode of	Falls,	Oregoi	n 970	501 rest	Interval being	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	Robert F. Bo	NYSICIAN IF OTHER THE THE ONLY ONE CAUSE F Lever	AN CERTIFIER (Type of 1 2610 Urhmann PER LINE FOR (e), (b), AI	rint) Pd / Klon	nath mode of	Falls, dying, e.g. Ca	Oregoi	n 970 piretory Ar	501 rest	and death  Men	th,
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	Robert F. Bo	NYSICIAN IF OTHER THE THE ONLY ONE CAUSE F Lever	AN CERTIFIER (Type of 1 2610 Urhmann PER LINE FOR (e), (b), AI	rint) Pd / Klon	nath mode of	Falls,	Oregoi	n 970 piratory Ar	501 rest	Interval betwand death	the onset
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Robert F. Bo	IVSICIAN IF OTHER TH.  OTHER M.D./  ONLY ONE CAUSE F  CHOCKE  ISEQUENCE OF:	AN CERTIFIER (Type of 1 2610 Urhmann PER LINE FOR (e), (b), AI	rint) Pd / Klon	nath mode of	Falls, dying, e.g. Ce	Oregoi idiac or Res	1 97(	501 rest	and death  Men	the onset
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CONDITIONS IF ANY WHICH GAVE RISE TO HAMEDIATE CAUSE STAINING THE UNDERLYING CAUSE LAST CAUSE JOS OLATH	ROBERT F. BO 36. IMMEDIATE CAUSE (ENTE PART (a) DUE TO, OR AS A CON  (b) DUE TO, OR AS A CON  (c) TOTHER SIGNIFICANT C Conditions contributing  40. MANNER OF DEATH  (Natural   Pend   Invest   Accident   Under   Und	INSECUENCE OF:  CONDITIONS  To death but not resulting stignation intermined  The process of the	AN CERTIFIER (Type of I	ARC. / KLCON  RC.) DO not enter  given in PART I.  AT WORK?  M. [] Yes MA	37. Did to t	lobacco use on double for the double for the second	contribute Probably Joknown	38 AU	NOPSY 3	interval betward death  Interval betward death  Interval betward death  9. If YES were his determining cause	Alle, ween onset ween onset tings constructed of drawn?
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF OLATH	ROBERT F. BO 36. IMMEDIATE CAUSE (ENTE PART (a) DUE TO, OR AS A CON  (b) DUE TO, OR AS A CON  (c) TOTHER SIGNIFICANT C Conditions contributing  40. MANNER OF DEATH  (Natural   Pend   Invest   Accident   Under   Und	INSEQUENCE OF:  CONDITIONS- to death but not resulting Month, D.  Ala DATE OF Month, D.  Ala PLACE of Building	AN CERTIFIER (Type of 1 2610 Urhmanur PER LINE FOR (a), (b), Al  g in the underlying cause INJURY  AID. TIME OF INJURY  AI DONE, (a), AI HOME, (a)	ARC. / KLCON  RC.) DO not enter  given in PART I.  AT WORK?  M. [] Yes MA	37. Did to t	lobacco use on double for the double for the second	contribute Probably Joknown	38 AU	NOPSY 3	Interval Detained death	Alle, ween onset ween onset ings construct of drain?  [] N/A
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2425 Watson, Klamath Falls, Or. 97603