1	9	Local File		7		TMENT OF HEALTH DIVIS		TICS	16-	~A 6.			6
7 5	1449	I. DECEDENT'S NAME			Middle	IFICATE OF	DEATH		7 SEX		lle Numi		onth See.
	i	4. SOCIAL SECURIT	DALE Y NUMBERISE	AGE Last Birthda	ELWIN by 5b Under 1 Ye	WEI	СН		Mal	e .	Sept	21	1992
		543 10 13	133	(78)	Mos. Days			imax,	Kans	as 7	Oct	4	913
	DICED	製製製剤 DCYes LJNo	HOSP	ITAL []Inpatien	t []ER/Outpatien	9a. PL	ACE OF DEAT	H (Check only	one)			Voen	
	1	9b. FACILITY NAME — Merle Wes	(If not institution	on, give street an	id number)	9c.	CITY, TOWN,	DR LOCATION	OF DEAT	H		91 COUNT	Y OF DEAT
	2	10a. DECEDENT'S US (Give kind of work Do not use retire	SUAL OCCUPAT	TION ost of working life	10b. KIND OF BU	USINESSINDUSTRY	amath	11 MARITAL Merrer Ma Driverer	STATUS .	Married 12		Klama	
	3	- Lumber Wo	orker		Lumber	ina			rried	_		ΛnnWe	
	4	Oregon	ATE 135.CO		i	th Falls		13d SINEET	MUN CHA	BER			
. 65	5	13e. INSIDE CITY LIMITS?	131. ZIP CODE	14. WAS (Specify	DECEDENT OF HIS No or Yes - If yes, ! Puerto Rican, etc.)	PANIC ORIGIN?	15. RACE	2742 I American Ind White, etc. (Spe	Dayto		DECEDE	IT'S EDUC	ATION completed)
Ö	6		97603	Mexican Specify:	Puerto Rican, etc.)	KNO CIYOS	Whit			lementary/S	econdary	(0 12) Co	ege (1 4 or
~	PARIN	George O.			18. MOTHER - NA Emma	ME first middle	malden Urba	n	19 INFOR	MANT NA	ME and re	quienoilsi b [a i	Dau.
<u></u>	DISPOSIT	20a. METHOD OF DIS			206. PLACE OF D	ISPOSITION (Name o	t cemetery, co	emalory, or	20c. LOCA	TION - City	or Town,	State	
c	7	Donation Cothe	er (Specify)		Eternal	Hills C	emeter	У	(lama	th Fa	alls	, Ore	gon
· · ·	8	ZIA SIGNATURE OF F	FUNERAL SERV		on 2	1b. LICENSE NUMBE (Of Licensee)		ds Kla				IIc-	
S.	9	23. DATE FILED (Mont	In, Day, Yearly	35,	9	2 47 321	⊥ Kla	math F	alls			976	
26	REGISTRA		`	SEP 2	2 3 1992		24 REG	STRARS SIGN	,	Boh	suns	~~~	
14		25. DID HOSPITAL REI		MAKE REQUES	T FOR ANATOMICA	L GIFT CONSENT?	26 WAS	GIFT MADE?				<u></u>	
	16	- (0.05.000	ED 04		6				No.	Way E	(* <u>1</u>	
	11	27. TIME OF DEATH		ED BY CERTIFYII MEDICAL EXAM	NG PHYSICIAN INER NOTIFIED?		31a. TIME O			OHLY BY M			y. Year Itou
	- Contraction	29. To the lest of my b	M Li Ye	th occurred at the	e time, date, place :	and	32, On the t	м					
ļ	GERTUILE	(Signal of sales)	ong manner st	6/1	PM		at the til	asis of examin ne, date, place e)	and due t	o the cause	(s) and m	nner state	eam occure
			42 11	70	ו דו מניע	リノ 関	9 P						
	12	30 DATE SIGNED (MO	nth, Day, Yest)	1	8		33. DATE SIG	SNED (Month,	Day, Year)	•	-	COUN	ΙΥ
	12	- 1 1 / 9/a	ID 12	OF CERTIFIERUM	EDICAL EXAMINE	(Type or Print)	33. DATE SIG	GNED (Month,	Day, Year)		-	COUN	IY
	14	3 NAME, TITLE, ADDI	22/2 RESS AND ZIP								rego	n/ 9	
	14	James N. 35. NAME OF ATTENDE	PESS AND ZIP BEGGE ING PHYSICIAN	MD/	2300 Cla	irmont Dr	./ K1	amath	Fall	o,/ o			
	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	34. NAME, IFILE, ADDI James N. 35. NAME OF ATTENDE 36. IMMEDIATE CAUSE	PESS AND ZIP BEGGE ING PHYSICIAN	MD/	2300 Cla	irmont Dr	./ K1	amath	Fall	o,/ o		n/ 9	7601
	CONDITIONS IF ANY WHICH GAVE RISE TO	34. NAME, IFILE, ADDI James N. 35. NAME OF ATTENDE 36. IMMEDIATE CAUSE	RESS AND ZIP BOOG E ING PHYSICIAN HENTER ONLY	ONE CAUSE TE	2300 Cla	irmont Dr	./ K1	amath	Fall	o,/ o		n / 9	7601
	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	34. NAME, IFILE, ADDI James N. 35. NAME OF ATTENDE 36. IMMEDIATE CAUSE PART (a)	RESS AND ZIP BOODS ING PHYSICIAN IENTER ONLY A CONSEQUEN	ONF CAUSE TE	2300 Cla	irmont Dr	./ K1	amath	Fall	_{o,} / o		n / 9 Interval be and death Interval be and death	7601
	CONDITIONS IF ANY WHICH GAZE RISE TO IMMEDIATE CAUSE STATING THE	35. NAME OF ATTEND 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS PART OTHER SIGNIFICA	RESS AND ZIP RESS	ONF CAUSE 16. ONE CAUSE 16. OCE OF:	2300 Cla N CERTIFIER (Type R LINE FOR (a), (b), Ward	irmont Dr or Print) (10-10) Do not ente	K1:	amath ng, eg. Cardia	Fall	G / O	r.	n / 9 Interval be and death Interval be and death	7601 stween onsei
	CONDITIONS IF ANY WHICH GAVE RISE TO RIMEDIATE CAUSE STATHS THE UNDERLYING CAUSE LAST	35. NAME OF ATTEND 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS PART OTHER SIGNIFICA	RESS AND ZIP RESS	ONF CAUSE 16. ONE CAUSE 16. OCE OF:	2300 Cla	irmont Dr or Print) (10-10) Do not ente	37. Did toh to the c	amath	Fall	ratory Arres	FSY 39. If in delice	n / 9 Interval be and death Interval be and death	7601
	CONDITIONS IF ANY WHICH GAVE RISE TO BAMEDIATE CAUSE SIGNING THE UNDERFRING CAUSE LAST LAST LAST LAST LAST DEATH	35. NAME, IFILE, ADDRESS N., 35. NAME OF ATTENDE 35. IMMEDIATE CAUSE PART (a) DUE 10, OR AS. (b) DUE 10, OR AS. (c) TOTHER SIGNIFIC Conditions control 40. MAINTER OF DEAT	RESS AND ZIP RE	ONF CAUSE TE. ONE CA	2300 C1a N CERTIFIER (Type of R LINE 1971 (a), (b), Syfar CL	irmont Dr or Print) Proti Do not ente	37. Did toh to the tark to the tark to the tark to the tark tark tark tark tark tark tark tark	amath	Eall.	G / O ratory Arres	FSY 39. If in delice	n / 9 Interval be and death Interval be and death	7601 stween onset tween onset tween onset
	CONDITIONS IF ANY WHICH GAY RISE TO MACDIATE MAC	35. NAME, IFILE, ADDI 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART (c) III OTHER SIGNIFIC Conditions contrib Severa COL 40. MANNER OF DEATI LINATURAL [] [] Accident []	RESS AND ZIP RESS	ONF CAUSE TE. CE OF: CE OF: Ut not resulting in	2300 C1a N CERTIFIER (1/19) R LINE (OR (a), (b), Ward C	irmont Dr or Print) Allered Do not enter the red D	37. Did toh to the tark to the tark to the tark to the tark tark tark tark tark tark tark tark	amath accouse control [] Proba [] Unhin.	Eall.	G / O ratory Arres	FSY 39. If in delice	n / 9 Interval be and death Interval be and death VES were h	7601 stween onset tween onset tween onset
	CAUSE LAST LAST LAST LAST LAST LAST LAST LAST	35. NAME, IFILE, ADDI 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART (c) I OTHER SIGNIFIC Conditions contrib Severe COL 40. MANNER OF DEATI [] Natural [] Lacident [] Suicide	RESS AND ZIP RESS AND ZIP B Q Q S IND PHYSICIAN A CONSEQUEN A CON	ONF CAUSE TE. ONF CAUSE TE. ONF CAUSE TE. OCE OF: OCE	2300 C1a N CERTIFIER (Type of R LINE (97 ta), (b), The underlying caus On the underlying caus INJURY 41b, TIME OF OPEN	irmont Dr or Print) Altered Do not enter the red Do	37. Did toh to the c. Y's s. A. J. I'N DESC.	amath accouse contribution [] Proba [] Proba [] Unbuc	c or Respi	38. AUTOI	7. 39. if in deli	n / 9 Interval be and death Interval be and death YES were h	7601 etween onset tween onset tween onset of one of deans of []N/A
	CAUSE LAST LAST LAST LAST LAST LAST LAST LAST	35. NAME, IFILE, ADDI 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART (c) I OTHER SIGNIFIC Conditions contrib Severe COL 40. MANNER OF DEATI [] Natural [] Lacident [] Suicide	RESS AND ZIP RESS AND ZIP Be g g s Nog Physician CENTER ONLY A CONSEQUEN A CONSEQUEN ANT CONDITION During to death b Pending Investigation Investigation Manner Legal Intervention	ONT CAUSE TE. ONT CAUSE TE. ONT CAUSE TE. OR OF: CE OF: US. I DATE DE INI (Month, Day, V.) Ale, PLACE OF I	2300 C1a N CERTIFIER (Type of R LINE (97 ta), (b), The underlying caus On the underlying caus INJURY 41b, TIME OF OPEN	e given in PART I. AL WARNING AT WORK! M Uves [] No	37. Did toh to the c. Y's s. A. J. I'N DESC.	amath accouse contribution [] Proba [] Proba [] Unbuc	c or Respi	38. AUTOI	7. 39. if in deli	n / 9 Interval be and death Interval be and death VES were h	7601 etween onset tween onset tween onset of one of deans of []N/A
	CAUSE LAST LAST LAST LAST LAST LAST LAST LAST	35. NAME, IFILE, ADDI 36. IMMEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART (c) I OTHER SIGNIFIC Conditions contrib 40. MANNER OF DEATI [] MAIUral [] C) C) C) C) C) C) C) C)	RESS AND ZIP RESS AND ZIP Be g g s Nog Physician CENTER ONLY A CONSEQUEN A CONSEQUEN ANT CONDITION During to death b Pending Investigation Investigation Manner Legal Intervention	ONT CAUSE TE. ONT CAUSE TE. ONT CAUSE TE. OR OF: CE OF: US. I DATE DE INI (Month, Day, V.) Ale, PLACE OF I	2300 C1a N CERTIFIER (Type of R LINE (97 ta), (b), The underlying caus On the underlying caus INJURY 41b, TIME OF OPEN	irmont Dr or Print) ### Print) ### Print) ### Print) ### Print) #### Print) ###################################	37. Did toh to the c. Y's s. A. J. I'N DESC.	amath accouse contribution [] Proba [] Proba [] Unbuc	c or Respi	38. AUTOI	7. 39. if in deli	n / 9 Interval be and death Interval be and death VES were h	7601 etween onset tween onset tween onset of one of deans of []N/A
munum	CONDITIONS F ANY RHIGH OF ANY CAUSE LASY CAUSE LASY L	35. NAME, ITTLE, ADDI James N. 35. NAME OF ATTENDO 36. IMMEDIATE CAUSE PART (a) DUE TO, OR AS (b) DUE TO, OR AS (c) PART COTHER SIGNIFIC Conditions contrib SOME CONTRIBUTION OF DEAT UNATURAL [] Suicide [] Homicide [] RESERVED FOR REGIST	RESS AND ZIP RESS AND ZIP Be g g s ING PHYSICIAN (ENTER ONLY A CONSEQUEN INT CONDITION The condition of the consequence of the consequenc	ONF CAUSE TE. ONE CA	2300 C1a N CERTIFIER (Type of R LINE 19R (a), (b), Separate On Line Underlying cause On Line Underlying cause On Line Underlying cause In Line Underlying cause On Line Und	irmont Dropering or Print) a given in PART 1. ACLUSIVA AT WORK? M Yes Tho	37. Did toh to the C. Yusa A. L. El No. 418. DESC	acco use controlled in the control of the control o	c or Respi	38. AUTOI	7. 39. if in deli	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 Itween onset Itween onset Indings come to be of death? of []N/A
	CAUSE LAST LAST LAST LAST LAST LAST LAST LAST	JA MANE, IFILE, ADDI JA ME S. N. JA MEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART G' HOTHER SIGNIFIC Conditions controls PART (c) HOTHER SIGNIFIC Conditions controls PART (d) HOTHER SIGNIFIC CONDITIONS PRESERVED FOR REGIST THIS IS A TRUE	RESS AND ZIP RESS AND ZIP Be g g s Nog PHYSICIAN CENTER ONLY A CONSEQUEN In Pending Investigation Investigation Intervention ITAR'S USE	ONE CAUSE DE CE OF: ONE CAUSE DE CE OF: OCE OF: NS. VI not resulting in (Month, Day, V) Ale PLACE OF I building etc.	A LINE 19A (a), (b), The underlying cause the unde	TAL STATISTICS	37. Did toh to the care of dylastic that the care of t	acco use controlled in the control of the control o	c or Respi	38. AUTOI	7. 39. if in deli	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 etween onset tween onset tween onset of one of deans of []N/A
	CONDITIONS F ANY RHIGH OF ANY CAUSE LASY CAUSE LASY L	35. NAME, ITTLE, ADDI James N. 35. NAME OF ATTENDO 36. IMMEDIATE CAUSE PART (a) DUE TO, OR AS (b) DUE TO, OR AS (c) PART COTHER SIGNIFIC Conditions contrib SOME CONTRIBUTION OF DEAT UNATURAL [] Suicide [] Homicide [] RESERVED FOR REGIST	RESS AND ZIP RESS AND ZIP Be g g s Nog PHYSICIAN CENTER ONLY A CONSEQUEN In Pending Investigation Investigation Intervention ITAR'S USE	ONE CAUSE DE CE OF: ONE CAUSE DE CE OF: OCE OF: NS. VI not resulting in (Month, Day, V) Ale PLACE OF I building etc.	A LINE 19A (a), (b), The underlying cause the unde	TAL STATISTICS	37. Did toh to the care of dylastic that the care of t	acco use contribution in the contribution in t	c or Respiration of the bits with the bits w	38. AUTOI	PSY 39 in delicities out to Nurn	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 Itween onset Itween onset Indings come to be of death? of []N/A
	CONDITIONS F ANY RHIGH OF ANY CAUSE LASY CAUSE LASY L	36. IMMEDIATE CAUSE PART (a) DUE TO, OR AS (b) DUE TO, OR AS (c) PART OTHER SIGNIFIC Conditions contrib SOLUTION 40. MANNER OF DEAT UNatural UNatural Under Contrib RESERVED FOR REGIST THIS IS A TRUE REGISTERED A	RESS AND ZIP RESS AND ZIP Be g g s Nog PHYSICIAN A CONSEQUEN A CO	ONE CAUSE DE LE CE OF: ONE CA	A LINE 197 (a), (b), (c), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	TAL STATISTICS	37. Did toh to the care of dylastic that the care of t	acco use controlled in the control of the control o	c or Respiration of the bits with the bits w	38. AUTOI	PSY 39 in delicities out to Nurn	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 theen onset theen onset theen onset of death of Inia town, Stat of DEP
	CONDITIONS F ANY RHIGH OF ANY CAUSE LASY CAUSE LASY L	JA MANE, IFILE, ADDI JA ME S. N. JA MEDIATE CAUSE PART (a) DUE 10, OR AS (b) DUE 10, OR AS (c) PART G' HOTHER SIGNIFIC Conditions controls PART (c) HOTHER SIGNIFIC Conditions controls PART (d) HOTHER SIGNIFIC CONDITIONS PRESERVED FOR REGIST THIS IS A TRUE	RESS AND ZIP RESS AND ZIP Be g g s Nog PHYSICIAN A CONSEQUEN A CO	ONE CAUSE DE CE OF: ONE CAUSE DE CE OF: OCE OF: NS. VI not resulting in (Month, Day, V) Ale PLACE OF I building etc.	A LINE 197 (a), (b), (c), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	TAL STATISTICS	37. Did toh to the care of dylastic that the care of t	amath accouse continues of the continue	bute bby war URY OCCL III Number	38. AUTOI 17 Yes [] On Rural R Datce AARCUS	PSY 39. II Oute Ruin	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 Itween onset Itween onset Indings come to be of death? of []N/A
	CONDITIONS F ANY RHIGH OF ANY CAUSE LASY CAUSE LASY L	JAMES N. JAMES	RESS AND ZIP RESS AND ZIP Be g g s ING PHYSICIAN A CONSEQUEN A CO	ON CAUSE DE CE OF: CE OF: CE OF: VS. Ala DATE DE INV. (Month, Day, V Ala PLACE OF I building etc. CT REPROD ICE OF THE	2300 C1a N CERTIFIER (Type of R LINE 19 (a), (b), Line underlying caus On the Underlying caus ORIGINAL — VI UCTION OF TI- KLAMATH CO	TAL STATISTICS I THOU TO PRINT! SCHUTCH PART! AT WORK! M Uves [] No Jest	37. Did toho to the to the to the to the to the total to the total to the total tota	acco use control of the control of t	bute by war URY OCCL REENE E REENE E HOUSE	38. AUTOI DYes (1) PRIVATE TO RUISI R	PSY 39. II Oute Ruin	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 theen onset theen onset theen onset of death of Inia town, Stat of DEP
	CONDITIONS WHICH GAZE WHICH GAZE RISE TO RIMEDIATE CAUSE STAMEDIATE LINORRIVER CAUSE AST 15 16 17	36. IMMEDIATE CAUSE PART (a) DUE TO, OR AS (b) DUE TO, OR AS (c) PART OTHER SIGNIFIC Conditions contrib SOLUTION 40. MANNER OF DEAT UNatural UNatural Under Contrib RESERVED FOR REGIST THIS IS A TRUE REGISTERED A	RESS AND ZIP RESS AND ZIP B Q Q S ING PHYSICIAN A CONSEQUEN A CON	ONE CAUSE DE CE OF: ONE CAUSE DE CE OF: OCE OF	2300 C1a N CERTIFIER (Type of R LINE 19 (a), (b), Line underlying caus On the Underlying caus ORIGINAL — VI UCTION OF TI- KLAMATH CO	TAL STATISTICS I THOU TO PRINT! SCHUTCH PART! AT WORK! M Uves [] No Jest	37. Did toho to the to the to the to the to the total to the total to the total tota	acco use controlled in the con	bute by war URY OCCL REENE E REENE E HOUSE	38. AUTOI 17 Yes [] On Rural R Datce AARCUS	PSY 39. II Oute Ruin	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 theen onset theen onset theen onset of death of Inia town, Stat of DEP
STATI	TAULTONIONS CONDITIONS CONDITIONS WHETHER OF THE CAUSE RISE TO MIMEDIATE CAUSE STAMMEDIATE LIVERIUM TO THE CAUSE STAMMEDIATE LIVERIUM TO THE CAUSE T	JAME S N. JAMES	RESS AND ZIP RESS AND ZIP Be g g s No PHYSICIAN A CONSEQUEN A CON	ONF CAUSE THAN ONE CAUSE THE ONE CAUSE THE ONE CAUSE THE ONE CAUSE THAN ONE CAUSE	2300 C1a N CERTIFIER (Type of R LINE 19 (a), (b), The underlying cause On the Underlying cause ORIGINAL — VI UCTION OF THE KLAMATH CO 2	TAL STATISTICS I THOU TO PRINT! SCHUTCH PART! AT WORK! M Uves [] No Jest	37. Did toher to the to the total to the total to the total	acco use controlled in the con	bute by war URY OCCL REENE E REENE E HOUSE	38. AUTOI 17 Yes [] On Rural R Datce AARCUS	PSY 39. II Oute Ruin	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 theen onset theen onset theen onset of death of Inia town, Stat of DEP
STATI	TAULTONIONS CONDITIONS CONDITIONS WHENCH OF THE LINDSPIRITE CAUSE STAMMED HE UNDERSHING CAUSE AST TO THE LINDSPIRITE TO THE LI	JAME S M. JAMES N. JAMES	RESS AND ZIP RESS AND ZIP Be g g s No PHYSICIAN A CONSEQUEN A CON	ONE CAUSE DE LE CE OF: ONE CAUSE DE LE CE OF: OCE OF:	2300 C1a N CERTIFIER (Type of R LINE 19 (a), (b), The underlying cause On the	i mont Dr or Print) Albred Do not enter a given in PART 1. At WORK M Uves (1) No Im. street, factory, office UNTY REGISTR	37. Did toh to the t Y to the Y to the t Y to t Y to the t Y to t Y to the t Y to t Y to the t Y to t Y to the	acco use continued in the continued in t	thute by man URY OCCL REERE E NTY RECH H COUNT	38. AUTOI [7] Yes [7] Or Rural R Datca BARCUS BISTRAR Y, OREGO	PSY 33 in delivery of the Num	Interval be and death Interval be and death VES were to and death	7601 theen onset theen onset theen onset of death of Inia town, Stat of DEP
STATI	TAULTONIONS CONDITIONS CONDITIONS WHENCH OF THE LINDSPIRITE CAUSE STAMMED HE UNDERSHING CAUSE AST TO THE LINDSPIRITE TO THE LI	JAME S N. JAMES	RESS AND ZIP RESS AND ZIP Be g g s No PHYSICIAN A CONSEQUEN A CON	ONE CAUSE DE LE CE OF: ONE CAUSE DE LE CE OF: OCE OF:	2300 C1a N CERTIFIER (Type of R LINE 199 (a), (b), The underlying cause On the	TAL STATISTICS TAL STATISTICS TO DO CLOCK	37. Did toh to the table To the	acco use controlled in the con	bute bby wan URY OCCL III Number IRLENE E NTY RECH COUNT	38. AUTOI [7] Yes [7] Or Rural R Datca BARCUS BISTRAR Y, OREGO	PSY 33 in delivery of the Num	n / 9 Interval be and death Interval be and death Interval be and death VES were h Transmig re- 3 Yes (] N	7601 Itween onset Itween ons