	094069 I.D. TAG NO				LTH DIVISIO						
5145	Local File Num	nber	CE	NIERFO	R HEALTH ST	AHSH	CS 136-		File Numb	61 	
	1. DECEDENT'S First		Mid		Lasi		2.	SEX	3 DATE OF I	DEATH (Month, Day	, Year)
/~	Gre		H st Birthday 5b	Under 1 Year	SAY 5c, Under 1 Day		ACE (City and St.	Female	Septe	mber 16,	1992
	442-14-3078	(Years) 73	1400		Hours Mins.	Qua	paw, OK			nber 15,	
DICIDINT	8.WAS DECEDENT EVER U.S. ARMED FORCES?	HOSPITAL [Mopalion1 □E	R/Outnation)			Check only one) na Decedent's		her /Specify)		
	96. FACILITY NAME (II no		street and numb	ber)			LOCATION OF			M. COUNTY OF DEA	ATH
1	Merle West			KIND OF BUSI	NESSANDUSTRY	amath	Falls	IUS - Marned.	12. SPOUSE	Klamath	n
2	(Give kind of work don Do <u>not</u> use retired.)	e during most of w	orking life.			- 1	Naver Married, Divorced (Spec	Widowed, ify}		(Il Married, Widowed	•
3	Potato Fielo			Agricult			Married	NUMBER	Orlo F	R. Say	
4	Oregon	Klama			th Falls		3733 Bi	sbee S	treet		
5	13e. INSIDE CITY 13f.	ZIP CODE	14. WAS DECE (Specify No or	DENT OF HISP/ Yes - If yes, spo o Rican, etc.) X	ANIC ORIGIN?	15. RACE A Black, Whi	merican Indian, ite, etc. (Specify)	(Sp	16 DECEDER	NT'S EDUCATION hest grade complete	d)
6	□ Yes tXwo 9	97603	Specify:	o nicen, etc.) M	Aug Clas	Whit	te	12	ary/Secondary	(0-12) College (1-4	or 5 +)
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DISPOSITION	Burlat □ Cremation □ Donation □ Other (S		State		n Memorial I			Klamat	h Falls	, Oregon	
7	218. SIGNATURE OF FUN PERSON ACTING AS		CENSEE OR	210	LICENSE NUMBER		, ADDRESS AND				
8	1 ()	10 4	, 	ノー	(OI Licensee) 52-0297		lair's Fu Pine S7			lls,OR 976	:01
9	S DATE FILED (Month,	Day, Year)					TRAP'S SIGNAT		1011110	115,010 376	,01
REGISTRAR	V	SE				C	Marla	<u>- 130</u>	obins	<u>on</u>	
	25. DID HOSPITAL REPRE	ESENTATIVE MAKE	E REQUEST FOI	H ANATOMICAL	GIF1 CONSENT?	ZO. WAS C		Ωn/A			
	List		Joseph Strand	· · · · · · · · · · · · · · · · · · ·	GSS rammers					SAME PROPERTY.	
16	TO B	E COMPLETED BY	CAL EXAMINER			Ita. TIME OF			BY MEDICAL	EXIMINER D (Nonth, Day, Year,	Hour
11	9:09 P	M Dres 2	Š _{No}				м				м
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