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	103029 LD, TAG NO.	1	HE	MENT OF HUM EALTH DIVISION	N		:5		
TO THE STATE OF TH	1.0. YAG NO.	7 0	CENTER F	OR HEALTH ST	TATISTIC	CS 136-			A STATE OF THE PARTY OF THE PAR
	Local File Numbe	r		FICATE OF DE	ATH		Sta 2. SEX	te File Number	ATH (Month, Day, Year)
1	I. DECEDENT'S First		Middle	Ingall	g		Male	1	27, 1992
	Melvi	ER Sa. AGE-Last Birthday	5b. Under 1 Yes		6. BIRTHP	1	Stele or Foreig	DATE OF BIF	TH (Month, Day, Year)
	563-28-3125	1 65 1	MOS  Days		MOT DEATH	rilto	Ark	Nov. 2	23, 1926
gitions		Linpatient		DOA OTHER	Nursing Hor	ne Decede	nt's Home ()	Other (Specify)	
,	50. FACILITY NAME (If not I		number)	9c. CIT	,	LOCATION		1,	COUNTY OF DEATH
,		Rainbow Rd	106 KIND OF BU	JSINESSANDUSTRY	math	C MARITAL S	TATUS - Mairi led, Widowed, pecify)	ed. 12. SPOUSE (IF	Married, Widowed)
2	Do <u>not</u> use relired.)	CCUPATION furing most of working life.	Potr	coleum	1	Marr.		annahel	l Ingalls
3	Lab. Tech	ізь. социту		WN OR LOCATION			ND NUMBER	1	111941110
5	Oregon	Klamath	Klama	th Falls	LIS BACE	29623	E. Ra	inbow Ro	S EDUCATION si grado completed)
-	13e. INSIDE CITY 13f. ZII LIMITS?	Mexican, I	DECEDENT OF HI to or Yes - II yes, Puerto flican, etc.	apocify Cuban,		American Indi hite, etc. (Spe	city) Eleme	(Seacify only highs intervisecondary (C	si grada completed) -12) College (1:4 or 5+)
6		601 Specify:	I IS MOTHER - N	X IAME first middle	maiden Wh	ite	19 INFORMAL	VI . NAME and ret	1-4
TSPANIA VI	17. FATHER - NAME firs:	middle last		Frances -	Delo	ng		el Ingal	
	20a. METHOD OF DISPOSIT		20b. PLACE OF other place	DISPOSITION (Name of o	cometery, cre	matory, or	20c. LOCATIO	N - City or Town, S	lale.
50 S50 MOV	☐Burlal ☐Cremation ☐ ☐Donation ☐ Other (Spe		ì	h Crematic			Klam	ath Fall	ls, OR
(	218. SIGNATURE OF FUNEI	RAL SERVICE LICENSEE O		21b. LICENSE NUMBER (Of Licensee)	22. NAM	E, ADDRESS	AND ZIP OF F		
8	( Vm.	(O, 5/2	2	3211			amatn Falls,		7601
9	23. DATE FILED (Month, De	Y. Yearl D. O. O.				STRARS SIG	NATURE	- ·	
	25. DID HOSPITAL REPRES	SENTATIVE MAKE REQUES	T FOR ANATOM	CAL GIFT CONSENT?	28. WAS	GIFT MADE		DOD'N.	× 17
	( DYES DNO	D'IN/A				res DHC		Colleges see the College by	The Royal Control of the Port of the Paris o
	A CONTRACTOR OF			distribution of				LY BY MEDICAL E	YAMPER
	TO BE	28. WAS MEDICAL EXAM			318. TIME C				(Month, Day, Year, Hour)
11	3:15 P				<u> </u>	M]		In action to a	M opinion death occurred
MORAL DE	29. To the best of my know due to the cause(s) and (Signature)	Manner stated	he time, date, pia	ce and	21 the ti	ime, date, pla	ce and due to	the cause(s) and n	nanner stated.
No.	Sold Sold					GNED (Mont			COUNTY
12	30. DATE SIGNED (Month,	004. 4061) ember 28, 199	3		33. DATE S	SUNED IMONE	a, uny, reen		
13	24. NAME, TITLE, ADDRES			NER (Type or Print)	<u> </u>				
	14	PHYSICIAN IF OTHER TH	AN CERTIFIER (F	pe or Print)					
14	35 NAME OF ATTENDING				D-3 1				97601
CONSTITIONS IF ANY	Robert F.	Bohnen, M.		610 Uhrman				HOLY ALLESI.	Listanual haterman coret
IF ANY WHICH GAVE RISE TO MMEDIATE	Robert F.	NTER ONLY ONE CAUSE	PER LINE FOR (a)	l. (b), AND (c).) Do not ent	ter mode of o				Interval between onset and death
IF ANY WHICH GAVE RISE TO HMMEDIATE CAUSE STAING THE UNDERLYING	Robert F.  36. IMMEDIATE CAUSE (E.	NTER ONLY ONE CAUSE	PER LINE FOR (a)		ter mode of o		mach		Interval between onset and death  Interval between onset and death
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IF ANY WHICH GAVE RISE TO HMMEDIATE CAUSE STAING THE UNDERLYING	ROBERT F.  36 IMMEDIATE CAUSE (E. PART (a)  DUE TO, OR AS A (b)  DUE TO, OR AS A	NYER ONLY ONE CAUSE	PER LINE FOR (a)	l. (b), AND (c).) Do not ent	ter mode of o				Interval between onset
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