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	1.0. TAG N P70		1	0					- 10 · ·	CS 136.		_		SEL
•	Local File Nu					ERTIFIC	ATE C	OF DEA	TH .		S1 2. SEX	It DATE OF		nih, Day, Year)
(	1. DECEDENT'S FIRE	homa		-	widdie Will	iam	•	AMES	S, S1		2. SEX 11	Febr	uary 1	3, 1993
1	4. SOCIAL SECURITY F				5b. Unde	r 1 Year	Sc. Unde	s t Day	BIRTHI	LACE (City and	State or Fore	ON P DATE OF	BIRTH (Mor	nih, Day, Year)
. [	536 10 602			89	Aos.	Days H	i	Mins.	Crav	(Check only o		a	June 2	21, 1903
CEDENT	8.WAS DECEDENT EVE U.S. ARMED FORCES	7 IN H	OSPITAL C	Inpatient	□ ERVO∪I	patient []		THER DNU	rsing H	ome [XDecede	nt's Home C	Other (Specify)		
	90. FACILITY NAME (II	not inst	itution, give					9c. CITY, T		I LOCATION O			9d COUNT	Y OF DEATH Klamath
<u></u> -	5416 Lawan			i	IO FINA	OF BUSINE	SSINTERS	184	K.	Lamath !	TATUS - Mar	red 12 SPOUSE	(If Married.	
	10a. DECEDENT'S USU (Give kind of work of Do not use retired	iki, OCC done duri IJ	ora HON ing most of w	vorking life.	UNIN COL					Never Man Divorced (	red, Widowed			
l	Carpenter						struct				owed		j	Muriel
]	134. RESIDENCE - STA	TE 13	b. COUNTY Klatt	ath	13c, CI	TY, TOWN O	n LOCATH			13d. STREET	AND NUMBER		Làwan	da Drive
	Oregon  136 INSIDE CITY II	31. ZIP C		TIA WAS D	EGEDENT	OF HISPAN	IC ORIGIN	27 11	5. RACE	American Ind White, etc. (Spe	an.	16. DEGED (Specify only h		
	.,			(Specify No Mexican, P Specify:	or Yes verio Rici	If yes, speci en, etc.) □N	to Yes				Elen	entary/Seconda	ry (0-12) Co	ollege (1 4 or 5 e
	17. FATHER - NAME	976	middle	1 '	18, MOTH	IER - NAME	first	middle #	W	hite	19 INFORM	INT - NAME and		
APENTS	Apolis P		nes		M	arý J	. Par	ul.						es / Sor
	20a. METHOD OF DIS				200. PLA othe	CE OF DISPO	OSITION (	Name of cen	nelery, C	rematory, or	20c. LOCATI	ON - City or Tow		
SPOSITION	ØBurlat □Cremati			State	M	t. Vie	w Mem	orial	Park	:		Taco	ma, Wa	shingtor
	21a. SIGNATURE OF PERSON ACTUAL			LICENSEE O	*	J210	LICENSE I	NUMBER see)	22. NA	ME, ADDRESS	AND ZIP OF	FACILITY	rai Un	me. too
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EGISTRAR		•	۲Ł	B17 19			OUEY COM	esu?*	26 14.	S GIFT MADE	معه	_ Do	bun.	20X
	25. DID HOSPITAL RI	44	ITATIVE MA NA	KE REQUEST	I FOR AN	A TUMICAL C	SIFI CUN	actor (		YES DIN				
	LIYES LIM			PHYSTAL 1557	e this		(Albert St	HICHT.						`•
	3	10 BE C	OMPLETED !	BY CERTIFYI	NG PHYS	ICIAN			10 7111	TO BE O	OMPLETED	PONOUNCED D	AL EXAMINE	R Day, Year, Hou
	27, TIME OF DEATH	- 1	28. WAS ME	DICAL EXAM	INER NO	IIF IED7			070	00 M	Febru	ary 13,	1993	0830
	29. To the best of m	y knowle	dge, death o	xcurred at th	he lime, di	ale, place an	vd	— <b>—</b> 3	2. On the	e basis of exa- time, date, pli	alastina andi	or Investigation, the cause(s) a	in my coloic	on death occurre
CEPTIFIER	due to the cause (Signature)	m bna (E)	anner state	u.				E.	(Sign)	aris)	~ 00	2		
	Taginatoru,								- /	1.11-	$x_{\lambda}$	) ~		
	7.2	logth C	ev. Year!					3	3 DATE	SIGNED (MON	in, Day, Year)	)a	<u> </u>	VINIX
	30. DATE SIGNED (A 34. NAME, TITLE, AL 35. NAME OF ATTE	DORESS	AND ZIP OF	bert P	. Bea	aman, N	MD / 3	Print)	2	15/	73	Falls,		Klamat
IF ANY NCH GAVE RISE TO AMEDIATE	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI	DORESS NOING P USE (EN)	AND ZIP OF RO HYSICIAN IS	obert P	AN CERT	FIER (Type o	MD / S or Print) AND (c) ) (	2300 C	2 lair	/15/4 mont /	9 <u>3</u> Klamati		Orago	Klamat n / 9760 val between ons
IF ANY IICH GAVE RISE TO IMEDIATE CAUSE ATING THE	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI	DORESS NOING P USE (EN)	AND ZIP OF RO HYSICIAN II TER ONLY O	DOBERT P	AN CERT	FIER (Type o	MD / S or Print) AND (c) ) (	2300 C	2 lair	/15/4 mont /	9 <u>3</u> Klamati		Orago	Klamat n / 9760
IF ANY IICH GAVE RISE TO IMEDIATE CAUSE ATING THE	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEI 36. IMMEDIATE CAI 47. PART 10. DUE TO, OR	DORESS NOING P USE (EN)	AND ZIP OF RO HYSICIAN IF IER ONLY O O U IN ONSEQUENCE	Obert P FOTHER THU ONE CAUSE F	AN CERT	FIER (Type o	MD / S or Print) AND (c) ) (	2300 C	2 lair	/15/4 mont /	9 <u>3</u> Klamati		Orago	Klamat  n / 9760  val between ons  val between ons
IF ANY HIGH GAVE RISE TO AMEDIATE CAUSE ATING THE YOERLYING AUSE LAST  CAUSE OF	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEI 36. IMMEDIATE CAI 57. PART (a) 10 DUE TO, OR 69. DUE TO, OR	DORESS NOING P USE (EN)	AND ZIP OF RO HYSICIAN IF IER ONLY O O U IN ONSEQUENCE	Obert P FOTHER THU ONE CAUSE F	AN CERT	FIER (Type o	MD / S or Print) AND (c) ) (	2300 C	2 lair	//5/4 mont /	93 Klamati	iratory Airest.	Inter and inter and inter and	Klamat  n / 9760  val between one death  val between one death  val between one death
IF ANY HICH GAVE RISE TO AMEDIATE CAUSE ATING THE YDERLYING AUSE LAST	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEL 36. IMMEDIATE CAI 40. DUE TO, OR 41. PART (c) 42. PART (c)	DORESS NOING P USE (EN) AS A CO	AND ZIP OF RO RO HYSICIAN IF IER ONLY O O U V ONSEQUENC	DOBERT POPE CAUSE F	PER LINE	FOR (e), (b),	MD / 3 or Print)  AND (c) ) E  C Cc	Print) 2300 C	2 lair	mont /	73 Klamati	iratory Airest.	Inter and inter and inter and	Klamat  n / 9760  val between ons death  val between ons death
IF ANY HIGH GAVE RISE TO AMEDIATE CAUSE ATING THE HIDERLYING AUSE LAST  CAUSE OF	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEL 36. IMMEDIATE CAI 40. DUE TO, OR 41. PART (c) 42. PART (c)	DORESS NOING P USE (EN) AS A CO	AND ZIP OF RO RO HYSICIAN IF IER ONLY O O U V ONSEQUENC	DOBERT POPER THURSE POPE CAUSE P	PER LINE	FOR (e), (b),	MD / 3 or Print)  AND (c) ) E  C Cc	Print) 2300 C	lair	mont /	93 Klamati	iratory Airest.	Orago: Interard Inter	Klamat  n / 9760  val between ons death  val between ons death  was between ons death
IF ANY HIGH GAVE RISE TO AMEDIATE CAUSE ATING THE YOERLYING AUSE LAST  CAUSE OF	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  PART (a)	DORESS  NDING P  USE (EN)  AS A CO  AS	AND ZIP OF ROME OF THE PROPERTY OF THE PROPERT	DE OF:	PER LINE PER LINE  G in the ur	FIER (Type o	MD / 2 or Print)  AND (c) I C  C Ce	Print) 2300 C	lair	mont /	7 3  Klamati  Klamati	36 AUTOPS	Orago: Interard Inter	Klamat  n / 9760  val between ons death  val between ons death  val between ons death  was between ons death
IF ANY HIGH GAVE RISE TO MMEDIATE CAUSE ATTING THE MODERLYING AUSE LAST CAUSE OF DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  57. DUE TO, OR  67. DUE TO, OR  68. PART  60. THER SIGN  69. THER SIGN  69. THER SIGN  69. OR MAINTER OF CE  69. NAMEDIATE  69. NAMEDIATE  60. MAINTER OF CE  69. NAMEDIATE  60. MAINTER OF CE  60. 60. MAINTER OF	DORESS  NDING P  USE (EN)  AS A CO  AS A CO  AS A CO  DEATH  Per  Inv	AND ZIP OF RC HYSICIAN II  IER ONLY O  O J IN NISCOUENC  ONSEQUENC  CONDITION 9 to death bu	DOE'T PEOTIES THE	PER LINE  PER LINE  g in the ur	Aman, It	MD / 3 Trint)  AND (c) I C  C Cc	Do not enter:  LE SE	lairn	mont /  d dying, e.g. Co.  d bobacco une ine desir?    No.    DESCRIBE HO	7.3 Klamati	SA AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY IECH DAVE RISE TO MAEDIATE CAUSE ATMOTHE VOERTYING AUSE LAST CAUSE OF DEATH	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEI 36. IMMEDIATE CAI 47. AI 48. AI 59. IMMEDIATE CAI 49. DUE TO, OR 49. TOTHER SIGN 40. Conditions or 40. AI 40. MANNER OF E 40. MANNER	DORESS  NDING P  USE (EN)  AS A CC  AS A CC  AS A CC  Per	AND ZIP OF RO HYSICIAN IS TER ONLY O ONSEQUENCE CONDITION g to death but adding a saligation determined inner	DOBERT PF FOTHER THI  ONE CAUSE F  LE OF:  LE OF:  LE OF:  LI not resulting  (Month, D	PER LINE  g in the ur  (NJURY )  ANY YEAR)	FOR (e), (b).  FOR (e), (b).  Co.	MD / 3 Trint)  AND (c) I C  C Cc	Do not enter:  LE SE	lairn	mont /  d dying, e.g. Co.  d bobacco une ine desir?    No.    DESCRIBE HO	7.3 Klamati	36 AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY HIGH GAVE RISE TO MMEDIATE CAUSE ATTING THE MODERLYING AUSE LAST CAUSE OF DEATH	34. NAME, TITLE, AI 34. NAME TITLE, AI 35. NAME OF ATTEI 36. IMMEDIATE CAI 57. PART (a) / LI 57. DUE TO, OR 57. COMMENT OF CONDITIONS CO. 58. AND COMMENT OF CO. 59. AND CO. 5	DORESS NDING P  USE (EN) AS A CO  AS A CO  AS A CO  DEATH  Per Inv Ma	AND ZIP OF RO HYSICIAN IS TER ONLY O ONSEQUENCE CONDITION g to death but adding a saligation determined inner	DOBERT PF FOTHER THI  ONE CAUSE F  LE OF:  LE OF:  LE OF:  LI not resulting  (Month, D	PER LINE  PER LINE  g in the ur	FOR (e), (b).  FOR (e), (b).  Co.	MD / 3 Trint)  AND (c) I C  C Cc	Do not enter:  LE SE	lairn	mont /  d dying, e.g. Co.  d bobacco une ine desir?    No.    DESCRIBE HO	7.3 Klamati	SA AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY HIGH GAVE RISE TO MMEDIATE CAUSE ATTING THE MODERLYING AUSE LAST CAUSE OF DEATH	30. DATE SIGNED (A 34. NAME, TITLE, AI 35. NAME OF ATTEI 36. IMMEDIATE CAI 47. AI 48. AI 59. IMMEDIATE CAI 49. DUE TO, OR 49. TOTHER SIGN 40. Conditions or 40. AI 40. MANNER OF E 40. MANNER	DORESS  NOING P  USE (ENT)  AS A CO  AS A CO  AS A CO  DEATH  Per  Inv  May  Int  Int  Int  Int  Int  Int  Int  In	AND ZIP OF RC THYSICIAN II FER ONLY O O CAT IN ONSEQUENC CONDITION G to death be realing allon determined gal gal envention	DOBERT PF FOTHER THI  ONE CAUSE F  LE OF:  LE OF:  LE OF:  LI not resulting  (Month, D	PER LINE  g in the ur  (NJURY )  ANY YEAR)	FOR (e), (b).  FOR (e), (b).  Co.	MD / 3 Trint)  AND (c) I C  C Cc	Do not enter:  LE SE	lairn	mont /  d dying, e.g. Co.  d bobacco une ine desir?    No.    DESCRIBE HO	7.3 Klamati	SA AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY HIGH GAME HISE TO MANEDIATE CAUSE TO MINEDIATE CAUSE TO DEATH DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  57. PART (a) DUE TO, OR  60. DUE TO, OR  77. TOTHER SIGN  60. OR ON ANNER OF E  60. OR ON ANNER OF E  61. Suicide  62. Suicide  63. Suicide  64. Homicide	DORESS  NOING P  USE (ENT)  AS A CO  AS A CO  AS A CO  DEATH  Per  Inv  May  Int  Int  Int  Int  Int  Int  Int  In	AND ZIP OF RC THYSICIAN II FER ONLY O O CAT IN ONSEQUENC CONDITION G to death be realing allon determined gal gal envention	DOBERT PF FOTHER THI  ONE CAUSE F  LE OF:  LE OF:  LE OF:  LI not resulting  (Month, D	PER LINE  g in the ur  (NJURY )  ANY YEAR)	FOR (e), (b).  FOR (e), (b).  Co.	MD / 3 Trint)  AND (c) I C  C Cc	Do not enter:  LE SE	lairn	mont /  d dying, e.g. Co.  d bobacco une ine desir?    No.    DESCRIBE HO	7.3 Klamati	SA AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY IF	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  7 PART  (a) DUE TO, OR  (b) OTHER SIGN  (c) OTHER SIGN  (d) OTHER SIGN  (e) OTHER SIGN  (f) OTHER SIGN  (f) OTHER SIGN  (g) OTH	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HISTORY OF THE PROPERTY OF THE P	DE OF:  Se OF:	PER LINE  PER LINE  g in the ur  (NJURY)  lay, Year)  OF INJURY  etc. (Special Control of the co	FOR (e), (b).	MD / 2 ir Print)  AND (c) I &  C Cc  se given in  M C (c)  Iarm, stree	Do not enter	37. Discourse of the state of t	mont /  d tobacco une ine desir?  No  DESCRIBE HO  LOCATION (SI	7.3 Klamati	SA AUTOPS	Orago	Klamat  n / 9760  val between ons death  val between ons death  was between ons death  are indeps con- mg cause of death  s □ No □ N/A
IF ANY IECH GAVE RISE TO MNEDIATE CAUSE CAUSE TO DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEL  36. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  60. DULE TO, OR  60. IMMEDIATE CAI  61. OTHER SIGN  62. OMAINER OF E  63. OMAINER OF E  64. OMAINER OF E  65. OMAINER OF E  66. OMAINER OF E  66. OMAINER OF E  67. OMAINER OF E  68. OMAINER OF E  68. OMAINER OF E  69.	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HYSICIAN III	DE OF:  THE DATE	PER LINE PER LINE  INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY	FOR (#) (P) (#) (#) (#) (#) (#) (#) (#) (#) (#) (#	AND (c) I	DO NOT ENTER  DO	2 lairr mode o	mont /  d boacco uses in dea in in in dea in	7.3 Klamati	SA AUTOPS	Orago	Klamat  N 9760  val between ons death  val between ons death  was between ons death  a BRO BRA  RO
IF ANY HIGH GAME HISE TO MANEDIATE CAUSE TO MINEDIATE CAUSE TO DEATH DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  7 PART  (a) DUE TO, OR  (b) OTHER SIGN  (c) OTHER SIGN  (d) OTHER SIGN  (e) OTHER SIGN  (f) OTHER SIGN  (f) OTHER SIGN  (g) OTH	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HYSICIAN III	DE OF:  THE DATE	PER LINE PER LINE  INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY	FOR (#) (P) (#) (#) (#) (#) (#) (#) (#) (#) (#) (#	AND (c) I	DO NOT ENTER  DO	2 lairr mode o	mont /  d boacco uses in dea in in in dea in	7.3 Klamati	SA AUTOPS	Orago	Klamat  n / 9760  val between ons death  val between ons death  was between ons death  are indeps con- mg cause of death  s □ No □ N/A
IF ANY HIGH GAME HISE TO MANEDIATE CAUSE TO MINEDIATE CAUSE TO DEATH DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEL  36. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  60. DULE TO, OR  60. IMMEDIATE CAI  61. OTHER SIGN  62. OMAINER OF E  63. OMAINER OF E  64. OMAINER OF E  65. OMAINER OF E  66. OMAINER OF E  66. OMAINER OF E  67. OMAINER OF E  68. OMAINER OF E  68. OMAINER OF E  69.	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HYSICIAN II IER ONLY O O J J J ONSEQUENC CONDITION g to death bu addisgrained gestingation determined greatined	DE OF:  THE DATE	PER LINE PER LINE  INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY	FOR (#) (P) (#) (#) (#) (#) (#) (#) (#) (#) (#) (#	AND (c) I	DO NOT ENTER  DO	2 lairr mode o	mont /  d dying, e.g. Co.  d bobacco une ithe desirt?    Wes	R1amath K1amath K1amat	36 AUTOPS:	Orago	Klamat  N / 9760  Val between ons death  val between ons death  was between ons death  a DNo DNA  City or Town.
IF ANY HIGH GAME HISE TO MANEDIATE CAUSE TO MINEDIATE CAUSE TO DEATH DEATH	30. DATE SIGNED (A 34. NAME, TITLE, AI 36. NAME OF ATTEL 36. IMMEDIATE CAI 76. IMMED	AS A CC  AS	AND ZIP OF RC HYSICIAN II IER ONLY O O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DE OF: FOTHER THE ONE CAUSE F EE OF: EE OF: IS - IN OIL PLACE DUILDING  XACT REF	PROBLEM	FOR (#), IDA  FO	AND (c) I	DO NOT ENTER  DO	2 lairr mode o	mont /  d dying, e.g. Co.  d bobacco une ithe desirt?    Wes	RIamath  Irdiac or Resi  contributs  Probably Unknown  N INJUTY OC	SA AUTOPS	Orago	Klamat  n / 9760  val between ons death  val between ons death  was between ons death  are indeps con- mg cause of death  s □ No □ N/A
IF ANY HIGH GAME HISE TO MANEDIATE CAUSE TO MINEDIATE CAUSE TO DEATH DEATH	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEL  36. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  57. IMMEDIATE CAI  60. DULE TO, OR  60. IMMEDIATE CAI  61. OTHER SIGN  62. OMAINER OF E  63. OMAINER OF E  64. OMAINER OF E  65. OMAINER OF E  66. OMAINER OF E  66. OMAINER OF E  67. OMAINER OF E  68. OMAINER OF E  68. OMAINER OF E  69.	AS A CC  AS	AND ZIP OF RC HYSICIAN II IER ONLY O O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DE OF:  THE DATE	PROBLEM	FOR (#), IDA  FO	AND (c) I	DO NOT ENTER  DO	2 lairr mode o	mont /  if dying, e.g. Co	Rlamath  Irdiac or Result  Conditions  Con	38 AUTOPS  Ves Sign  CURRED  Der or Rural Ro  ENE BARCUS  Y REGISTAN	Orago	Klamat  N / 9760  Val between ons death  val between ons death  was between ons death  a DNo DNA  City or Town.
IF ANY MANUAL HER AND ANY MANUAL HER AND HER A	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  40. DUE TO, OR  40. TOTHER SIGN  Conditions of  Conditions of  RESERVED FOR R  THIS IS A  REGISTE	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HYSICIAN II IER ONLY O O LI II NISEQUENC CONDITION Gling to death be restigation determined gal evaluation revention ARTS USE E AND E) T THE OI	DE OF:  DE OF:  ST. A DATE OF MONTH OF THE OFFICE OF	P. Bez AN CERTIFICATION OF INJURY PART OF INJURY PART OF THE K	FOR (#) (D) FOR (#	AND (c) I See given in See give	DO NOT ENTER  PART I.  I NAURY AT WORKT  Vei   No.  STATISTIC  OCUMEN TY REGIS	Jair mode o	mont /  d boacco une ine desir?  No DESCRIBE HO  LOGATION (SI	Rlamath  Irdiac or Result  Conditions  Con	36 AUTOPS:  Ves SAN  CURRED  ber or flural Ro	Orago	Klamat  N / 9760  Val between ons death  val between ons death  was between ons death  a DNo DNA  City or Town.
IF ANY OF CAUSE OF CA	30. DATE SIGNED (A  34. NAME, TITLE, AI  35. NAME OF ATTEI  36. IMMEDIATE CAI  7 PART (a)	DORESS NOING P JSE (ENT) AS A CC AS A	AND ZIP OF RC HYSICIAN II IER ONLY O O LI II NISEQUENC CONDITION Gling to death be restigation determined gal evaluation revention ARTS USE E AND E) T THE OI	DE OF:  DE OF:  ST. A DATE OF MONTH OF THE OFFICE OF	P. Bez AN CERTIFICATION OF INJURY PART OF INJURY PART OF THE K	FOR (#) (D) FOR (#	AND (c) I See given in See give	DO NOT ENTER  PART I.  I NAURY AT WORKT  Vei   No.  STATISTIC  OCUMEN TY REGIS	Jair mode o	mont /  d boacco une ine desir?  No DESCRIBE HO  LOGATION (SI	Rlamath  Irdiac or Result  Conditions  Con	38 AUTOPS  Ves Sign  CURRED  Der or Rural Ro  ENE BARCUS  Y REGISTAN	Orago	Klamat  N / 9760  Val between ons death  val between ons death  was between ons death  a DNo DNA  City or Town.
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