Γ	I.D. TAG NO. O2O Local File Numb	bar	CE	NTER FOR I	H DIVISION HEALTH STAT ATE OF DEAT	ristics 13	Sta	e File Number	H (Month, Day, Year)
(DECEDENT'S First	en	El	izabeth	WALD	REP BIRTHPLACE (C/IV	2. SEX F	Januar	15, 1993
	SOCIAL SECURITY NUM 542 88 0777		73 Mo	b. Under 1 Year 5. Days H	ours Mins.	Country IONE	2, CA.	Ma	y 21, 1919
	U.S. ARMED FORCES?	HOSPITAL DI			DOM OTHER TINU	rsing Home XIDec	N OF DEATH	Other (Specify)	OUNTY OF DEATH
	96. FACILITY NAME (II no 2838 Logan	Street	经制施制员			v l amai	h Falls	ed, 12. SPOUSE (II M	Klamath
2	10a. DECEDENT'S USUAL (Give kind of work dor Do not use relired)		ıklıg lile	6. KIND OF BUSINE	Home Home	Never A Divorce Wic	lerried, Widowed, d (Specify) dowed		Henry T.
3	Homemaker	13b. COUNTY	+14	12c CITY TOWN O	th Falls		ET AND NUMBER		gan Street
.	Oregon 13e. INSIDE CITY 131. LIMITS?	Klama ZIP CODE		CEDENT OF HISPAN or Yes - If yes, speci erto Rican, etc.) (2)	IC CRIGIN?	5. RACE American Black, White, etc. (Indian, Specify)	16. DECEDENT'S (Specify only highest entary/Secondary to 1	grade completed) 2) College (1-4 or 5+)
6	□Yes QNo	97603	Scecity:	B. MOTHER - NAME		White	19, INFORMAL	TO NAME and relationary	omship to deceased / Daughter
	William	- ਹੋਂਗੀ	denn	Amoli A		elery, crematory, o	ZOc. LOCATIO	N - City or Town, St	110
gist osition	20a, METHOD OF DISPU Burial Cremation Donation Other	☐Removal from S	16'6	Klamath Ci	emation Ser	vice			lls, Oregon
7	21a. SIGNATURE OF FU	NERAL SERVICE LI	CENSEE OF	/ / 21b.	LICENSE NUMBER (OF Licensee)				Home, Inc. Oregon 9760
9	23. DATE FILED (Month	Day, Year	in ino	rd -	, 540	24. REGISTRAR'S	SIGNATURE	Robe	File Alban
FIGURE	25. DID HOSPITAL REP	JAN	2 0 1993 ENEQUEST	FOR ANATOMICAL	BIFT CONSENT?	20. WAS CIFT MA	AND DINA		
	□YES □NO	CANA	9 1901 2	(a)	A Same resident			v py terpical El	AMINER
	27. TIME OF DEATH	BE COMPLETED B	Y CERTIFYIN	G PHYSICIAN VER NOTIFIED?	3	A TIME OF DEATH	Janual	y 15, 199	8 @ 0910
	29. To the best of my long to the cause(s)	M Yes knowledge, death oc and manner stated	curred at the	time, date, place a	3	2. On the basis of at the time, date (Sumature)	place and due to	r Investigation, in my the cause(s) and ma	opinion death occurred inner stated.
cimille	(Signature)					DATE SIGNED (Month, Day, Year)	1	COUNTY Klamati
12	30. DATE SIGNED (Mo		CI Pricisos	AEDICAL EXAMINER	(Tyre or Print)	1 1 12 11 14 1	, 15, 199		
13	34. NAME, TITLE, ADD	100	prosent. D	. Reamail:	2000	lairmont	/ Klamath	ralis, Or	egon / 9760.
COMPLETIONS	35. NAME OF ATTENT	SE (ENTER ONLY O	NE CAUSE P	ER LINE FOR (a), (b)	AND (c).) Do not enter	mode of dying, e.	. Cardiac or Resp	iratory Arrest.	interval between onseand death
CONDITIONS IF ANY WHICH GAVE		latural Uni	KINOMII (auses					Interval between onse and death
WHICH GAVE RISE TO IMMEDIATE CAUSE	PART N	S A CONSEQUENCE	G - 17		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 4 7 7 7 7 7 7			
WHICH GAVE RISE TO MINEDIATE	PART (a) N	S A CONSEQUENC	1 144						interval between ons- and death
WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	PART (a) N DUE TO, OR A (c)	S A CONSEQUENCE	E OF:			37 Did tobacco to the death		38. AUTOPSY 36	interval between ons and death If YES were trained core cores core cores of death?
WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	PART (a) DUE TO, OR A (b) DUE TO, OR A PART (c) PART OTHER SIGNI Conditions cor	S A CONSEQUENCE S A CONSEQUENCE FICANT CONDITION Intributing to death but Hypertensi	E OF:	in the underlying CB	. Jakor	to the death	Probably :	□ Yes □ No	and death
WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	PART (a) DUE TO, OR A (b) DUE TO, OR A PART (c) PART OTHER SIGNI Conditions cor	S A CONSEQUENCE AS A CONSEQUENCE FICANT CONDITION Attibuting to death by Hypertensi	E OF:	INJURY 415. TIME 19,Year) INJUR	OF 41c, INJURY Y AT WORK	to the death West XNO 41d. DESCRIBE	Probably Driknown HOW INJURY OC	☐ Yes ☐ No CURRED	and death If YES were hyperacions conscretemining cause of death? Yes No NA
WHICH GAVE HISE TO MANAEDATE CAUSE TATIVETHE UNDERVINE CAUSE LAST L CAUSE LAST L CAUSE LAST L TO GENTH.	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART OTHER SIGNII Conditions cor I ACMANNER OF DE GNaturál Accident Succident	S A CONSEQUENCE FICANT CONDITION Intributing to death but Typer tensi ATH Pending Undetermined Undetermined Undetermined I Lensi	E OF: S. that resulting Offi	NJURY 41b. TIME INJURY INJURY	OF 41c, INJURY Y AT WORK	to the death West XNO 41d. DESCRIBE	Probably Driknown HOW INJURY OC	☐ Yes ☐ No CURRED	and death If YES were from the conscience fro
WHICH GAVE HISE TO MANAEDATE CAUSE TATIVETHE UNDERVINE CAUSE LAST L CAUSE LAST L CAUSE LAST L TO GENTH.	PART (a) DUE TO, OR A (b) DUE TO, OR A PART OTHER SIGNII Conditions cor I A COMMANNER OF DE D'Accident Suicide Homicide	S A CONSEQUENCE FIGANT CONDITION stributing to death but Hypertensi AAH I reading I reading Undetermined Manner Legal Intervention	E OF: S. that resulting Offi	INJURY 415. TIME 19,Year) INJUR	OF 41c, INJURY Y AT WORK	to the death West XNO 41d. DESCRIBE	Probably Driknown HOW INJURY OC	☐ Yes ☐ No CURRED	and death If YES were hyperacions conscretemining cause of death? Yes No NA
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HEANY WHICH GAVE HISE TO MANUSE STATING THE UNDERLYING CAUSE USF CAUSE OF 15 16 17	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART OTHER SIGNII Conditions cor I ACMANNER OF DE D'Acadent Suicide Homicide RESERVED FOR RE	S A CONSEQUENCE FIGANT CONDITION Inhibiting to death but Hypertensi Pending Inerding Undetermined Intervention GISTRAR'S USE	E UF: S	INJURY 41b. TIME INJURY A1 born etc. (Specify)	OF 41C. INJURY AT WORK N. M. Ves I.M. V	to the death West XAo 41d. DESCRIBE 10 11 10 10 10 5 COPY TOFFICIALLY	Probably Unknown HOW INJURY OC	CURRED CURRED Der or Rural Route t	and death If YES were heartest common codemining contain of death? Yes No N/A Lymber, City by Town, S
HEANY WHICH GAVE HISE TO MANUSE STATING THE UNDERLYING CAUSE USF CAUSE OF 15 16 17	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART OTHER SIGNII Conditions cor I ACMANNER OF DE D'Acadent Suicide Homicide RESERVED FOR RE	S A CONSEQUENCE FIGANT CONDITION Inhibiting to death but Hypertensi Pending Inerding Undetermined Intervention GISTRAR'S USE	S	INJURY ATT TIME INJURY	F 41C. INJUSTY M 0 ved 0 M. Alarm, street, factory off	to the death West XAo 41d. DESCRIBE 10 11 10 10 10 5 COPY TOFFICIALLY	Probably Unknown HOW INJURY OC (Street and Num Challes	CURRED CURRED Der or Rural Route t Baccue ENE BARCUS	and death R YES were Inc come codemining Carlos of death? Yes No N/A Wes No N/A West No N/A
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WINDER GAVE RISE DO MANUAL E STATING THE UNDERSTAND CAUSE LAST CAUSE LAST CAUSE LAST 15	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART (C) DIN TOTHER SIGNII Conditions cor ACMANNER OF DE DIN AUTOMATICAL PART (C) THE SIGNII ACCIDENT (C) THIS IS A REGISTEF DATE ISSU	S A CONSEQUENCE FIGANT CONDITION Initialized to death but the condition of the condition	S. In all resulting Ori. S. In all resulting Ori. S. In all resulting DATE OF (Month, D. Date Original Particular). S. In PLACE Condition of the Place of the	INJURY AT TIME SE INJURY - AT HOME etc. (Specify) PROPUBLISHANCE THE KLAMATE	F 41C. INJUSTY M 0 ved 0 M. Alarm, street, factory off	to the death West XAo 41d. DESCRIBE 10 11 10 10 10 5 COPY TOFFICIALLY	Probably this man how injury oc (Street and Num Charles COUNT	CURRED Der or Rural Route I	and death If YES were Inc. Common Codemining Carlos of death? Yes No N/A Lymber, City by Town, 5
WINDER GAVE RISE DO MANUAL E STATING THE UNDERSTAND CAUSE LAST CAUSE LAST CAUSE LAST 15	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) DUE TO, OR A PART (c) DITTO OTHER SIGNII Conditions cor District ACMANNER OF DE GNATURAL DACKGent DACKGent DACKGent Homicide RESERVED FOR RE	S A CONSEQUENCE FIGANT CONDITION Initialized to death but the condition of the condition	S. In all resulting Ori. S. In all resulting Ori. S. In all resulting DATE OF (Month, D. Date Original Particular). S. In PLACE Condition of the Place of the	INJURY AT TIME SE INJURY - AT HOME etc. (Specify) PROPUBLISHANCE THE KLAMATE	F 41C. INJUSTY M 0 ved 0 M. Alarm, street, factory off	to the death West XAo 41d. DESCRIBE 10 11 10 10 10 5 COPY TOFFICIALLY	Probably this man how injury oc (Street and Num Charles COUNT	CURRED CURRED Der or Rural Route t E BACUE ENE BARCUS Y REGISTRAR COUNTY, OREGOR	and death 8 YES were house come codemining care of death? Ves No N/A Jumber, City or Town, S
TATE OF O	PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART (C) DIN TOTHER SIGNII Conditions cor ACMANNER OF DE DIN AUTOMATICAL PART (C) THE SIGNII ACCIDENT (C) THIS IS A REGISTEF DATE ISSU	S A CONSEQUENCE FIGANT CONDITION FIGANT CONDIT	S. To a resulting Only 11 pATE OF MAINTAIN CONTROL OF THE PARE OF	INJURY AT TIME SE INJURY - AT HOME etc. (Specify) PROPUBLISHANCE THE KLAMATE	OF 41C, INJURY M □ vs 6 □ M. Name, street, factory, of the country of the count	to the death west XAve start Location st	Probably Unknown HOW INJURY OC (Street and Num Chaklus CHARL COUNT KLAMATH C	CURRED Der or Rural Route I	and death B YES were house considerations of death? Ves No NIA Jumber, City or Town, S