	Local File Nut	/81	Middle	Vital Records	Unit DEATH	Г136	5	late File Numb	
	4. SOCIAL SECURITY N 561-32-2269	Othy NUMBER 5a. AGE · Last Birth	Irene		NIELSEN		2 SEX	Octob	DEATH (MONIN, Car. Year) er 2, 1989
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	90 FACILITY NAME (III	not institution, give street	ent DER/Outp	atient DOA	Nursing	Home Decedor OR LOCATION D			
2	Merle West	Medical Cente	2.4	F BUSINESSANDUST	Klamath	Falls		V 10	ALCOUNTY OF BEATH
3	Housewife	sone during most of working red)	- 1 1		AY.	11. MARITAL ST. Never Marrie Divorced (Spi	ATUS - Married d, Widowed, scity)	12. SPOUSE	Married, Widowed)
4	13a. RESIDENCE - STATE Oregon	Klamath	13c. CITY,	naking Town, on Locatio	N	Married		Jack E	rvin
6		. ZIP CODE 14 WA	Bly S DECEDENT OF	HISPANIC ORIGIN?	15. RAC	P.O. Bo		16 DECEDEN	S EDUCATION
	17. FATHER - NAME first			HISPANIC ORIGIN? If yes, specify Cuban an, etc.) IX No [] Ye	s Blaci	k, While, etc. (So: Lte	city) (Spe	CITY COLLY DIGITE	of 12) College (14 or 5 -)
PARENTS	Paul Jose	eph Law		NAME list mi 1 Virginia	Pickett	m 19.	INFORMANT	NAME and to	diameter 1
DISPOSITION	20a. METHOD OF DISPOS 30 Buriat 30 Cremation	A D Removal from State	20b. PLACE C	F DISPOSITION (Name of Hills Cr		tematory, or 200	LOCATION .	Metser	husband
7	☐ Donation ☐ Other (Specify)		Point Natl	Cenetery	K	amath]	Falls, (R 97603
9	Spilliam.	4	and	21b. LICENSE NUM (Of Licenses)	of t	RE, AUDRESS AN	D ZIP OF FAC	LITYD	97524 port's Chapel South 6th St.
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	25. DID HOSPITAL REPR	ESENTATIVE MAKE REQUI	EST FOR ANATO	MICAL GIFT CONSER	na	Mey Ke	uned	·y	
10	YES NO	DX N/A			Dγ	ES NO	DE NIA	0	
11	TO BE 27. TIME OF DEATH	28. WAS MEDICAL EXA	YING PHYSICIAN		199	TO BE COMPLI	TED ONLY BY	MEDICAL	
	O556 A M	A TYPES DE NO			SIA TIME OF	DEATH 31b.	DATE PRONO	UNCED DEAD	Month, Day, Year, Hours
CERTIFIER	due to the cashe(s) an (Signature)	owledge, death occurred at nd manner stated.	the time, date, p	Place and	32. On the b	esis of examinatione, date, place as	n and/or invest	igation, in my c	pinion death occurred
	30. DATE SIGNED (MONIA,	E Whate .	. /WO		(Sign	alure)			- man stated
12					11:4				
	October 3 1	1080	MEDICAL EVAL		O DATE SIG	NED (Month, Day	Year)		Coursi
13	October 3, 1	1989 S AND ZIP OF CERTIFIER	MEDICAL EXAM	NER <i>(Type or Print)</i>					County
13 14 CONDITIONS	October 3, 1 34. NAME, TITLE, ADDRESS GEORGE Whang 35. NAME OF ATTENDING	1989 S AND ZIP OF CERTIFIER 19 D.O., Chilo PHYSICIAN IF OTHER THA	quin Med	ical Clinic	. Chilog	uin, Ore	on 9762	24.	CCU.T1
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