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	F -	9155	OR	EGON DE			AN RESOUR	CES			The same of the sa
		811	\neg	CENT	ER FOR HE	I DIVISION EALTH STA	ATISTICS 13	ı c _		\neg	
		le Number	1		CERTIFICAT	TE OF DE	ATH ' '	Sta	te File Number		-
	1. DECEDENT'S			Middle		PHILLI	PS.	2 SEX	i .	er 10, 1992	
	4. SOCIAL SECUR	Claudiu	Sa AGE-Last B			. Under 1 Day		and State or Foreign	7 DATE OF BIR	TH (Manth, Day, Year)	-
	534-10-4 8 WAS DECEDEN U.S. ARMED FO	1828	78	Mos	Days Hour	9a. PLACE O	Browning	MO.	May 20,	1914	-
	□ Yes QvNo	1	OSPITAL X 1ng	patient DERV	Outpatient DO	A OTHER ON	iursing Home Deci	edent's Home 🗆 0	Other (Specify)	COUNTY OF CEATH	· <u>:</u>
	96. FACILITY NA		nunon, give stre Ospital				town, on Location	V OF DEATH	1	1 tinomah	
	10a DECEDENT	S USUAL OCCI		10b KI	ND OF BUSINESS/I	NDUSTRY	11. MARITA Never M	L STATUS - Marria arried, Widowed, (Specify)	d 12. SPOUSE (II	Married Widowed	-
	Conduc				Railroad		Mari		Zeld	а	
	13a. RESIDENCE	STATE 13	b. COUNTY	1 .	CITY, TOWN OR LO	_	į.	WOCUS S	troat		•
	Oregon 13e. INSIDE CITY LIMITS?		Klamath	WAS DECEDE	nt of Hispanic C	ORIGIN?	15. RACE American I Black, White, etc. (5	ndian.	16 DECEDENT	S EDUCATION If grade completed:	-
	□ Yes □ Mo	9760		exican, Puerto F pecify:	s - If yes, specify C Rican, etc.) MNo E	l Yes	White	Eleme	ntary/Secondary (0	12) College (1.4 or 5 +)	=
	17. FATHER - NA		middle	fast 18. MC	THER - NAME fire	st middle	maiden	19. INFORMAN	T NAME and rela	Honship to deceased	-
	Oliver 20a. METHOD O		er Phill		Floy	iON (Name of	Bowyer metery, cremetory, or		- Spouse		_
	D'Burial ⊡Ci	remation 🗆 Re	moval from Sta	10	ther place)			4711 H	wy #39		
	Donation E	Other (Specif)			121b LIGE	NSE NUMBER	al Gardens		h Falls,	Oregon	-
	PERSON A	TING AS SUC	- 1.1	.ndce Un	101	Licensee)	Eternal	Hills Fun	eral Home		
	23 DATE FILED	(Month Day	Aller		330	<i></i>	4711 Hwy		ath Falls	, OK	-
	L.		Y	SEP 1 7			1 Cux	74m/	7. 1850	~	•
	ſ			REQUEST FOR A	NATOMICAL GIFT	CONSENT?	26 WAS GIFT MAD	1			
		□но 42	***				makanan makanan makan maka	and the second second			
	43 4007	TO BE COMPLETED BY CERTIFYING PHYSICIAN					TO BE		LY BY MEDICAL EX	Manh Cay Year Moor	-
		27 TIME OF DEATH 28 WAS MEDICAL EXAMINER NOTIFIED? 8:57 PM M X0 Yes					,	4		1.0	·_
	29. To the best due to the c	of my knowled ause(s) and ma			date, place and			amination and/or o	investigation in my he cause(s) and m	r apimion death our imed anner states	-
	(Signature	hee	his	,			(Signature)				_
	30. DATE SIGN						DATE SIGNED (MO	nth, Day, Year)		CGUNTY	
	34. NAME, TITL	E, ADDRESS A	AD ZIP OF CEI	RTIFIER/MEDICA	L EXAMINER (Type	or Print)					
		V18 000	SIGN IF OF	101 SW	Sam Jackso	n Park R	d. Portland	1, Ore. 9	7201	reading and the first section of the	_
	Med 35 NAME OF	TTENDING DU				•					-
	35. NAME OF A	TTENDING PH	ron	MD							
	35. NAME OF A	TTENDING PH	Kron BONLY ONE	CAUSE PER LIN			mode of dying, e.g. (Cardiac of Respira	lory Arrest	Interval between onset and death	
	35. NAME OF A 36. IMMEDIATE PART (a)	CAUSE JENTE	Kron BONLY ONE	Heart	Failure		mode of dying, e.g. (Cardiac of Respira	lory Arrest	and death Oue with Interval between onser	<u>.</u>
	35. NAME OF A 36. IMMEDIATE PART (a) DUE TO.	CAUSE JENTE	FONLY ONE OF	Heart Arte	Failure		mode of dying, ∗ g (Cardiac di Respira	lory Arrest	one wh	<u>.</u>
	35. NAME OF A 36. IMMEDIATE PART (a) (b) DUE TO (c)	CAUSE JENTE	FOUL ONE OF	Heart Arte	Failure		mode of dying, e.g. (Cardiac of Respire		and iteath the task Interval between coset and death Interval between or set and death	<u>.</u>
	35. NAME OF A 35. NAME OF A 36. IMMEDIATE PART (a) (b) DUE TO (c) PART (C) PART (C)	CAUSE (ENTE	SEQUENCE OF	LAUSE PER LIN HEART Arten	Failure	ecse_	37 Did tobacch use to the death?	contribute		and death Oue ask Interval between orset and death >10 wars	-
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	35. NAME OF A 36. IMMEDIATE PART (a) (b) DUE TO PART (c) PART (d) OUE TO CONDITION H CONDI	CAUSE (ENTE OR AS & CON OR AS A CON OR AS A CON SIGNIFICANT C	RONLY ONE OF SEQUENCE OF SEQUE	LAUSE PER LIN HEART Arten	Failure y Dise underlying cause gr	ecse_	37 Did tobacco us to the death? (1) No (2) No (3) And (4) (5) Property of the control of the co	r contribute Probably Wisknown	38 AUTOPSY 39	and seath ALR WK Interval between onset and death > 10 wors Interval between onset and death If YES are ringing in the remning on an interval	-
	35. NAME OF A 36. IMMEDIATE PART (a) (b) DUE TO PART (C) PART	OR AS A CON SIGNIFICANT C SIGNIFICANT C Investment Pend Inves	SEQUENCE OF AND	resulting in the a	Failure y Dise underlying cause grv 41b. TIME OF INJURY	en in PART I. ATC INJURY AT WORK**	37 Did tobacch use to the death? [] We [] We and DESCRIBE HO	r contribule Probably Almknown W INJURY OCCU	38 AUTOPSY 39	and cleah CLE WK Internal between orser and death // D. McCara Internal between orser and death If Vis were indign on the termining is to it dash Lives No A&A	_
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