原题的		E CERTIFIC	AMON (*IL) Emerencia					
a File Number		CENTERT UN TRACTION OF CERTIFICATE OF DEATH						
A SERVICE	Donalette	Middle	FERREIR	A		z. sex F	Augus	t 3, 1993
4. SOCIAL SECURITY	NUMBER 5a. AGE-Last Birthday	5b. Under 1 Year Mos. Days		LE DICTOUR	hans, I	State or Foreign	January	7 1.6, 1940
544-42-9 awas decedent ev u.s. armed Force	VER IN	<u> </u>	OTHER -	OF DEATH	Check only o	ne)		
□ Yes XINO	HOSPITAL Inpatient		DOA STREET []	Nursing Ha TOWN, OF	LOCATION C	of DEATH	9d.	COUNTY OF DEATH
1741 Wia	rd Street		SINESS/INDUSTRY	Klama	th Fa	TATUS · Marrie	d, 12. SPOUSE (II	Klamath Married, Widowed)
10a. DECEDENT'S US (Give kind of work Do not use retire	k done during most of working the			l	Never Marr Divorced (S	ied, Widowed, Specify)		
Supervis			il Store		Marr	160	Georg	
Oregon	Vlamath	Klam	ath Falls	IS BACE	American Ind	ian.	IE DECEDEN	ard Street
13e. INSIDE CITY LIMITS?	13f. ZIP CODE 14. WAS (Specify Mexican	DECEDENT OF HIS No or Yes - If yes, a , Puerto Rican, etc.)	Recify Cuban, BNo □Yes	1	American Ind hite, etc. (Spe nite	Eleme	Specify only high ntary/S-condary (1.2	est grade completed) 0-12) College (1.4 or 5+)
17. FATHER - NAME	97603 Specify:	18. MOTHER - NA	AME first middle	maiden	II ce	i	T - NAME and ref	ationship to deceased
John	- Behne	Zella	Gertrude		iber		ge E	
/	DISPOSITION Mausoleum	other place)	ľ			Vlama	th Fall	s. Oregon
□ Donation □ Ot	ther (Specify)	L L	ch Crematio	122 NA	SE ADDRESS	AND ZIP OF F	ACILITY	
PERSON ACTI	F FUNERAL SERVICE LICENSEE	~ n	(Of Licensee)	War	d's Kla 5 Main	math Fur St., Kla	neral Hom amath Fal	e, Inc. ls, OR 97601
23. DATE FILED (M	Ionth, Daf, Year)	May 1			LAL	SNATURE	BARCIA	
AL SE DID HOSPITAL	UG 0 9 1993 REPRESENTATIVE MAKE REQU	EST FOR ANATOMIC	CAL GIFT CONSENT?	26. WA	S GIFT MADE	7	<i>juica</i>	
ſ	NO KINIA				YES DN	O ŠINA	TO SHEET STATE	165,527,241,057,50
	TO BE COMPLETED BY CERTI	FYING PHYSICIAN			TO BE	COMPLETED ON	LY BY MEDICAL	
27. TIME OF DEAT		MINER NOTIFIED?		31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Monin, Day, Tear, Nour) 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.				
29. To the best of	my knowledge, death occurred a se(s) and manner stated.	t the time, date, pla	ce and	32. On the at the	basis of exa time, date, pl	mination and/or ace and due to	Investigation, in the cause(s) and	my opinion death occurred manner stated.
(Signature)	1			ear -		th, Day, Year)		COUNTY
- /	August 4. 19	X75		33. 0416	SIGNED INVI			
34. NAME, TITLE,	ADDRESS AND ZIP OF CERTIFIC F. Bohnen, M	ERIMEDICAL EXAMI	NER (Type or Print)	ad.	Klamat	h Fall	s, Oreg	on 97601
35, NAME OF AT	TENDING PHYSICIAN IF OTHER	THAN CERTIFIER (T	ype or Print)				-	
	CAUSE (ENTER ONLY ONE CAUS	E PER LINE FOR (a)), (b), AND (c).) Do not en	ter mode o	dying, e.g. C	ardiac or Respir	Blory Arrest.	Interval between onset and death 2/3 yrs
PART (a) DUE TO, O	OR AS A CONSEQUENCE OF:	mm- of	colon with	nes	ootsee	?		Interval between onset and death
1 6 00								interval between onset and death
- 1 (OR AS A CONSEQUENCE OF:					anatelli da	38. AUTOPSY	9. If YES were findings considers
78 `			t and a DART I	1 37. 0	d tobacco use			
(c)	GNIFICANT CONDITIONS - s contributing to death but not resu	iting in the underlyint	g cause given in PARt 1.			contribute Probably		n determining cause of death?
PART COTHER SIC Conditions	None	OF IN HIRY 1 41b. TH	ME OF 41c, INJURY	5	1 195		□ YesX□ No	Odesermining cause of death? ☐ Yes ☐ No ☐ N/A
PART (c) OTHER SI Conditions 40. MÄNNER OF	F DEATH 41a.DATE (Mont)	OF IN HIRY 1 41b. TH	ME OF 41c. INJURY JURY AT WOF	5 3K? 41d. (1 195	Probably Unknown	□ YesX□ No	n determining cause of death?
PART (c) OTHER SI ODITION 40. MÄNNER OF ÖNAtural — Acciden	F DEATH 418.DATE (Mont Investigation In Undetermined Manner	OF INJURY 41b. TII h, Day, Year) IN	ME OF 41c. INJURY AT WOR	5 5 7K? 41d. (Yes D No D DESCRIBE HO	Probably Unknown W INJURY OCC	□ YesX No	n determining cause of death? ☐ Yes ☐ No ☐ N/A
PART (c) OTHER SI Conditions 40. MANNER OF Malural Cardide	F DEATH 41a.DATE (Mont Investigation at Undetermined Manner Legal de Intervention Legal Legal de Undetermined Manner Legal de Undetermined Legal de Undetermine	OF INJURY 41b. TII h, Day, Year) IN	ME OF 41c. INJURY AT WOR	5 5 7K? 41d. (Yes D No D DESCRIBE HO	Probably Unknown W INJURY OCC	□ YesX No	n determining cause of death?
PART (c) OTHER SI Conditions 40. MANNER OF Malural Cardide	F DEATH 41a.DATE (Mont Investigation In Undetermined Manner	OF INJURY 41b. TII h, Day, Year) IN	ME OF 41c. INJURY AT WOR	5 5 7K? 41d. (Yes D No D DESCRIBE HO	Probably Unknown W INJURY OCC	□ YesX No	n determining cause of death? ☐ Yes ☐ No ☐ N/A
PART (c) OTHER SI Conditions 40. MANNER OF Matural Cardide	F DEATH 11a.DATE Mont Investigation 11 Undetermined Manner 141e.DATE Mont Intervention 1 REGISTRAR'S USE	OF INJURY 41b. TII h, Day, Year) IN CE OF INJURY - At h ling etc. (Specify)	ME OF 41c. INJURY AT WOR AT WOR OF AT WOR AT WOR OF ATTM, street, factory, or an arm of the street, factory, or arm of the street, factory, or an arm of the street, factory, or	SAK? 41d. I	PNO DESCRIBE HO	Probably Unknown WINJURY OCC	□ YesX No	Number, City or Town, State
PART (c) OTHER SI OTHER SI Conditions 40. MANNER OF Matural Daciden Suicide	F DEATH 41a.DATE (Mont Investigation at Undetermined Manner Legal de Intervention Legal Legal de Undetermined Manner Legal de Undetermined Legal de Undetermine	OF INJURY 41b. TII h, Day, Year) IN CE OF INJURY - At h ling etc. (Specify)	ME OF 41c. INJURY AT WOR AT WOR OF AT WOR AT WOR OF ATTM, street, factory, or an arm of the street, factory, or arm of the street, factory, or an arm of the street, factory, or	SAK? 41d. I	PNO DESCRIBE HO	Probably Unknown W INJURY OCCI reet and Number	PesX No	Number, City or Town, State
PART (c) OTHER SI OTHER SI Conditions 40. MANNER OF Matural Daciden Suicide	F DEATH 418. DATE (Mont Investigation at Understanding Investigation at Understanding Investigation at Intervention Interv	OF INJURY 41b. TII IN DE OF INJURY - Ath Ing etc. (Specify) DEXACT REPRO	ME OF 41c. INJURY M	SAK? 41d. I	PNO DESCRIBE HO	Probably Unknown W INJURY OCCI Preet and Number Chau	UPSEND NO UPRAED STOR RUTAL ROUTE	Number, City or Town, State
PART (c) OTHER SI OTHER SI Conditions 40. MANNER OF Matural Daciden Suicide	F DEATH 418. DATE (Mont Investigation at Understanding Investigation at Understanding Investigation at Intervention Interv	OF INJURY 41b. TII h, Day, Year) IN CE OF INJURY - At h ling etc. (Specify)	ME OF 41c. INJURY M	SAK? 41d. I	PNO DESCRIBE HO	Probably Unknown WINJURY OCCI rest and Number LLLY Chau CC	PesX No	Number, City or Town, State
PART (c) OTHER SI Conditions 40. MANNER OF MATURAL DATE OF THE SI HOME OF THE SI	F DEATH Pending investigation In Undetermined Manner Deading Intervention REGISTRAR'S USE THIS IS A TRUE AND REGISTERED AT THE	OF INJURY 41b. TII IN TIE OF INJURY - AT IN	ME OF 41c. INJURY AT WOR	S AUG. I	THE CONTRACT	Probably Unknown WINJURY OCCI reet and Number LLLY Chau CC KLAMA	UKE BAL LIKE BAR LARLENE BARC JUNTY REGISTE LTH COUNTY O	Number, City or Town, State 45-2 Resident State AS-2 Resident State AS-2 Resident State AS-2 Resident State AS-3 Resident State A
PART (C) OTHER SI OTH	F DEATH	OFINJURY 41b. TII h, Day, Year) E OF INJURY - Ath ling etc. (Specify) D EXACT REPRO E OFFICE SIMAL AUG 1 6 19	ME OF A1C. INJURY AT WOR AT WOR OF AT WOR AT WOR OF AT WOR	S AUG. I	THE CONTRACT	Probably Unknown WINJURY OCCI reet and Number LLLY Chau CC KLAMA	UKE BAL LIKE BAR LARLENE BARC JUNTY REGISTE LTH COUNTY O	Number, City or Town, State 45-2 Resident State AS-2 Resident State AS-2 Resident State AS-2 Resident State AS-3 Resident State A
PART (c) THER SI Conditions 40. MANNER OF Matural Acciden Suicide Homicide RESERVED FOR	F DEATH Pending investigation In Undetermined Manner Deading Intervention REGISTRAR'S USE THIS IS A TRUE AND REGISTERED AT THE	OFINJURY 41b. TII h, Day, Year) E OF INJURY - Ath ling etc. (Specify) D EXACT REPRO E OFFICE SIMAL AUG 1 6 19	ME OF A1C. INJURY AT WOR AT WOR OF AT WOR AT WOR OF AT WOR	S AUG. I	THE CONTRACT	Probably Unknown WINJURY OCCI reet and Number LLLY Chau CC KLAMA	UKE BAL LIKE BAR LARLENE BARC JUNTY REGISTE LTH COUNTY O	Number, City or Town, State 45-2 2000
ATE OF OREO	F DEATH	OF INJURY 41b. TII IN THE PROPERTY OF THE PROP	ME OF A1C. INJURY M TWOF M TYCE TO THE INTERPOLATION OF THE INTERPOLATIO	SK? 41d. I	YES CONTROL OF THE CO	Probably Unknown W INJURY OCCI Freet and Number CLLY Chau CK	URAED ST OF RUFAL ROUTE LUCE BASING SHIP COUNTY OF THE CO	Number, City or Town, State 45-2 Ber 74 ASSA REGON
PART (c) OTHER SI OTH	F DEATH	OF INJURY 41b. TII DE OF INJURY - Ath DE OF INJURY - Ath DE OFFIGE SHAW AUG 1 6 19 KLAMATH Geor 9 93 at	ME OF 41c. INJURY M O Yes O. Some farm, street, factory, of the LE-KNANAT STATISM	SAK7 41d. I. Solitics 411. II Solitics 411. I. Solitics 4	P M On Page	Probably Unknown W INJURY OCCI Teet and Number Chau CK KLAMA	ULL BAHARLE BARE HARLER BARE WITH COUNTY OF	Number, City or Town, State 45-2 Ber 74 As a Begon 18th in Vol. M93