		GON DEPARTA HIS CENTER F3	ENT OF HUMAN RESOURCES ELTH DIVISION THEALTH STATISTICS 136 ICATE OF DEATH State File Number		
<i>y</i>	L DECEDENTS First HAME James	y date Britton	CONROY	2 SEX Male	3. DATE OF DEATH (Month, Day, Year) December 15, 1994
<u> </u>	1.50CIAL SECURITY NUMBER 52 AG LINE 5	thday 5b. Under 1 Ye at 11cs. Days	Country	ACEIDITY and State or Foreign	July 28, 1925
ूँ हैं (ट्राइ) (१)	U.S. AFMED FORCES? HOSPITA	7.6	98. PLACE OF DEATH	ne []Decedent's Home []Ot	her (Specify)
	b. FACILITY NAME (If not institution - tie si	and number)	9c. City, Towns, Of	LOCATION OF DEATH	94. COUNTY OF DEATH Klamath
2	Merie West Medic al () On DECEDENT'S USUAL OCCUPATION (Greekind of work done during most of wo is Do not use retired)	TICH KIND OF BUS	ESS/INDUSTRY	1. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
3	School Administration	Educat		Married	Marjorie Conroy
4	Oregon Klariati	i .	n Falls	7814 Donegal	Street
5	To BUSINE CITY THE CORE TH	WAS DECEDENT OF HIS ricity No or Yes - If yes, it rican, Prierto Rican, etc.	NIC ORIGIN? 15 RACE		18 DECEDENT'S EDUCATION Decily only highest grade completed) arylSecondary (0.12) College (1.4 or 5+)
6(□Yes (Xio 97603	ast 1/8 MOTHER - N. V	Wi	ite	5 + NAME and relationship to deceased
PARENTS	Richard James Couro	Elizaba	h Isabel Barrett	Marjorie	City of Town, State
ญี่รักอรากอน	20a. METHOD OF DISPOSITION ☐ Ma isoles of Burist ☐ Cremation ☐ Removal 1 in State	other place	POSITION (Name of comeleny, cre National Cemete		d, Oregon
7	Donation Other (Specify)	SEE OR	LICENSE NUMBER 22 NAM (Of Ucensee) 014	ADDRESS AND ZIP OF FAC	iuty
в	PERSON ACTING AS SUCH		1 0	air's Funeral C Pine ST. Klar	napei nath Falls, OR 97601
9	DEC 2 0 1394		1 10	THAN'S SIGNATURE	dur
(5. DID HOSPITAL REPRESENTATIVE LAKE	QUEST FOR ANATOMICA	GIFT CONSENT? 26 WAS	SIFT MADE?	Eyes
	Myes Olio Dina	即任亚洲(福祉)		I A THE LAND	
10	TO BE COMPLETE) BY (31a. TIME O	TO BE COMPLETED ONLY	BY MEDICAL EXAMINER DUNCED DEAD (Month, Day, Year, Hour)
11	7:42 PM [] N	·	72 Og the t	M asis of examination andro to	M estigation, in my opinion, feath occurred causers) and claimer stated
Cepilitien :	due to the cause(s) and manners ed	26	(Signatu		nausins) an t-elamen states
,,	TO. DATE SKINED (Month, Day, Year)	<u> </u>	M.D. 33. DATE SI	SNED (Month, Day, rear)	COUNTY
13	12/) 9/ 9 4 34, NAME, TITLE, ADDRÉSS AND ZIT I F CE	FIER/MEDICAL EXAMINE	(Type or Print)		
14	Dale S. McDowell N	D. 2600 Ca	Empus Drive Klamath Falls, Oregon 97601		
CONDITIONS IF ANY WHICH GAVE RISE TO	II : •				
	PART IN LEFT VEN!		FAILURE 90 MINUTES		90 MINURS
CAUSE STATING THE UnDERLYING CLUSE LAST	DUE TO, OR AS A CONSEQUENCE OF	DILATED			ER & and death
GAUSE OF	DUE TO, OR AS A CONSEQUENCE OF	CAUSE		•	and death
DEATH	OTHER SIGNIFICANT CONDITIO IS -	ulting in the underlying is	e given in PART I. 37 Did to the	death?	AUTOPSY 39. It YES were firstlegs considered or determining cause of death?
15	INFECTED (JOHT KNI	E STHE	[] Unknown	YES (XNO YES () NO NIA
18	#0. MANNER OF DEATH Ita.D to	#OF INLURY 41b. TIME (th,Day,Year) INJL	AT WORK	TRIBE HOW INJURY OCCURR	ED
17	Accident Undetermined	CE OF INJURY - Alhor	M [] Yes [] No sm,street, factory,office 411, LDC	TION (Street and Number or	Rural Route Number, City or Town, State)
	Hamicide Intervention	ding etc. (Specify)			
:	RESERVED FOR REGISTRAN'S USE				
l l		- community is	AL EXATISTICS CODY		
Section of Manual Manua	THIS IS A TRUE AND EXACTED REGISTERED AT THE OFFICE CO	PRODUCTION OF T		Y	45-2 Rentadanny
	REGISTERED AT THE OFF CET	-ine Klamain ()	UNIT HEGISTHAN:	0016	2 OF DEPARTMENT
	ni:c	2.0 1994	JANET BALLEY COUNTY REGISTRAR RIAMATH COUNTY, ORGOON		
	DATE ISSUED:	- 100 A			
WATER STATE	y nima na mana nimakina i kaki i	MANN CHRISTIAN T	NAMES AND PARTY OF THE PARTY OF	A PPANETON DOM SERVICO	
	2			:	
STATE OF OREG	ON: COUNTY OF KLAMA	H: ss.			
Filed for record at	request of	Marjorie		the	MOS
of <u>Jan</u>	A.D., 19 <u>95</u> of	t <u>9:55</u> eeds	o'clock A M.,	and duly recorded 773	l in Vol. 1955
\$10.00	OI		Bernetha G.	LetschCounty (
FEE \$10.00			By Da	eline M	ulindore