		. 1 1 1	 	•	-		•
	1/			-		0~	036
	W/C	71. /	rrar	- E	J ~ ~	ムンら	1176
1	· V.C	16/	1.73		- 24 (I I	$H \sim U$	1.10373
_	_				~9	`—	<u> </u>

BLACK INK	19464 1.0. TAG		OREGON	HE	ALTH DIVISIO	M					
	Local File	Number	gistele ju	ENTER FO	OR HEALTH S FICATE OF DI	TATISTIC EATH	CS 136-	State F	ile Num	ber	ר
-	NAME	John	R	ichard	EAN	KHEAD	z. sex Mal	1-		Bt 29, 19	
· '	4 SOCIAL SECURIT	Y NUMBER 54 AGE	Lasi Birthday 5	b. Under 1 Yea			ACE (City and State of		DATE OF	BIRTH (Month, L	ley, Year)
DECEDENT	8 WAS DECEDENT E	VER IN			9a. PLACE	OF DEATH /	Check poly one)			ber 15; 1	933
	X Yes □ No 90. FACILITY NAME	110011111	Exinpatient Ci	EP/Outpatient	IDOA OTHER C	Jeursing Horr	Decedent's Hor	me COther	(Specify)	9d. COUNTY OF	
·——		West Medic	al Center	r	K	lomath	Falls			Klamat	h .
	(Give kind of wor Do <u>not</u> use retin	k done during most o ed)	f working life.	P KIND OF BUS	SINESSINDUSTRY	"	MARITAL STATUS - Never Merried, Wick Divorced (Specify)	Married, 12 owed,	SPOUSI	(If Married, Wido	wed)
·	Ground K		, I,		District N OR LOCATION		Married	Α.	tari i	yn Bankhe	ad
	Oregon	Klam	ath	Klamat	h Falls		1200 Mon		·e		
	Yes ONO	131. ZIP CODE 97601	specify:	EDENT OF HIS r Yes - If yes, s rlo Rican, etc.)		IS RACE AL Black, Whit		(Special Elementary 12	DECEDI Ty only his Secondar	ENT'S EDUCATION phesi grade comp y (0-12) College (leted) 1-4 or 5+)
PARENTS	Edwin Leon	iiist middle 1 Bankhead		MOTHER NAI	ME first middle. arl Johnson	malden	19. INFO	RMANT - NA		relationship to dec	
Diconcision.	20aL METHOD OF DI	SPOSITION Maus	oleum 200		SPOSITION (Name of C	emetery, crem		ATION - City		Brother-	in-Law
DISPOSITION	Li Burtal (X) Crema: □ Donation □ Oth	lion Removal from er (Specify)		Arriva (E. A.)	Hills Cremai	torv	K	lamath	Fali	s, Orego	
	21a. SIGNATURE OF PERSON ACTIN	FUNERAL SERVICE			b. LICENSE NUMBER	22. NAME.	ADDRESS AND ZIP	OF FACILITY	v	<u>-</u>	
(Vale	1 a.w.l	ba		3588	4711	rnal Hills Highway 39 Ki	Funer amith F	al Ho bils.	ome Oreann 978	73
REGISTRAR	23. DATE FILED (Mor	ith, Day, Year)	AUG 31	1995			RAR'S SIGNATURE	1.			~
	25. DID HOSPITAL RE				L GIFT CONSENT?	28. WAS G	religio.	sin	ins	<u>~</u>	<u> </u>
	□YES XING	AIN C				□ves	Дио ⊡и	/A			<u>. </u>
	<u> </u>	O BE COMPLETED I			To a politically of		TO BE COMPLETED	ONLY BY	MEDICAL	EXAMINER :	
	2:15	_	DICAL EXAMINER	HOTIFIED?		31s. TIME OF				D (Month, Day, Ye	er. Houri
		Datel Flyss	POT ALL				i				
ecourers.	29. To the best of my	P • M Yes knowledge, death or and manner stated	coursed at the lim	ne, date, place a	and 3	32. On the bas	M Is of examination an	d/or Investig	ation, in	my opinion death	M Occurred
CERTIFIER	29. To the best of my	knowledge, death o	coursed at the lim	ne, date, place a		32. On the bas at the time (Signature)	M is of examination and due	dor Investig to the caus	ration, in se(s) and	my opinion death manner stated.	M
CERTIFIER	79 to the best of my due to the cause (Signature) 30 DATE SIGNED (M	knowledge, death of and manner stated onth, Day, Year)	coursed at the lim	ne, date, place a	M.D.	(Signature)	Is of examination and date, place and due		ration, in se(s) and	my opinion death manner stated.	M occurred
CERTIFIER	29 to the best of my dive to the cause((Signatury) 30. DATE SIGNED (M	knowledge, death of and manner stated only. Day, Years	ccurred at the tim		M.D.	(Signature)	***		ration, in se(s) and		M occurred
CERTIFIER	29 To the best of my due to the cause((Signature)) 30 DATE STRINED (M 25 1 3 1 34 NAME, TITLE, AD Rober	knowledge, death of a part of the part of	CERTIFIERMEDIC	CAL EXAMINER 2300 C10	M.D.	(Signature)	ED (Month, Day, Yes.	a)		COUNTY	M Documed
	30 DATE STGNED IM 30 DATE STGNED IM 31 ANAME, TITLE, AD 32 NAME OF ATTEN	knowledge, death of and manner stated on the property of the p	CERTIFIERIMEDIC CERTIFIERIMEDIC IN M.D. OTHER THAN CE	CAL EXAMINER 2300 Clo ERTIFIER (Type o	M.D. Grape or Printi Clyment Drive or Printi	(Signature) St. DATE SIGN PE Klan	ED (Month, Day, Yes	orego	on 97	COUNTY	M Occurred
CHOIDOUS FANY JOSH GAVE RISE TO RISE TO RISE TO CAUSE	29 To the best of my one to the cause of the	knowledge, death of and manner stated on and manner stated on the stated of the stated of the stated of the stated on the stated	CERTIFIERMEDIC IT M.D. OTHER THAN CE	CAL EXAMINER 2300 Clo ERTIFIER (Type o	M.D.	(Signature) St. DATE SIGN PE Klan	ED (Month, Day, Yes	orego	on 97	COUNTY	
CHOILIONS IF ANY	29 To the best of my one to the cause of the	knowledge, death of and manner stated on the property of the p	CERTIFIERMEDIC IT M.D. OTHER THAN CE	CAL EXAMINER 2300 Clo ERTIFIER (Type o	M.D. Grape or Printi Clyment Drive or Printi	(Signature) St. DATE SIGN PE Klan	ED (Month, Day, Yes	orego	on 97	601	on oreel
CHOILIONS IF ANY INCH CIVE HISE TO AME DIATE CAUSE TATHE THE MORNIMAD	30 DATE STGNED IN SOME TO THE CAUSE OF THE STGNED IN SOME THE STGNED I	Anoviedge, death o of a series of the series	CERTIFIERIMEDIC TO M. D. OTHER THAN CE	CAL EXAMINER 2300 Clo ERTIFIER (Type o	M.D. Grape or Printi Clyment Drive or Printi	(Signature) St. DATE SIGN PE Klan	ED (Month, Day, Yes	orego	on 97	Interval between and death Interval between and death Interval between and death	n onset
CAUSE OF	30. DATE STRINED IN COMPANY OF THE ADMINISTRATION OF ATTEMPORAL CAUSE OF ATTEMPORAL CA	Anoviedge, death o o and manner stated on the property of the	CERTIFIERIMEDIC TO M. D. OTHER THAN CE	CAL EXAMINER 2300 Clo ERTIFIER (Type o	M.D. Grape or Printi Clyment Drive or Printi	(Signature) St. DATE SIGN PE Klan	ED (Month, Day, Yes	orego	on 97	COUNTY 601 Interval between death 2 to 2 1	n onset
CHOILIONS IF ANY IF ANY NISE ON NALIDATE CAUSE INTRIG THE INTRIG	30. DATE SIGNED IN CONTROL OF A THE ADDRESS OF A THE ADDR	ANOUNTEDING	CERTIFIERMEDIC IN M.D. OTHER THAN CE	CAL EXAMINER 2300 Clc RTIFIER (Type o	M.D. 1Type or Print) 2Ermont Dr (v pr Print) AND (c)) Do not enter.	CSIGNATURE) CALL CONTROL CAL	ED (Month, Day, Yea	Oregu	on 97	COUNTY 601 Interval between death 2 to an 4 triterial between death and death the triterial between death the triterial between death triterial between death and de	in onset
CAUSE OF	30. DATE SIGNED (M) 250 NAME OF ATTEM. 30. DATE SIGNED (M) 250 NAME OF ATTEM. 31. NAME OF ATTEM. 32. NAME OF ATTEM. 33. NAME OF ATTEM. 34. NAME OF ATTEM. 35. NAME OF ATTEM. 36. NAME OF ATTEM. 37. NAME OF ATTEM. 38. NAME OF ATTEM. 39. NAME OF ATTEM. 30. NAME OF ATTEM. 30. NAME OF ATTEM. 31. OUT TO OR A. 4. DUE TO. OR A. 5. DUE TO. OR A. 5. DUE TO. OR A. 5. DUE TO. OR A. 6. DUE TO. OR A.	ANOUNTEDING	CENTIFIERMEDIC IN M.D. OTHER THAN CE IE CAUSE PER LI OF:	CAL EXAMINER 2300 CI (CRITIFIER (1/1/20 o INE FOR 10) (0) Charle (Lac	M.D. 1Type or Print) 2Ermont Dr (v pr Print) AND (c)) Do not enter.	(Signature) S. DATE SIGN RE KL Can made of dying	ED (Month, Day, Yea	Oregu	on 97	FOOT Interval between death 2 to a g - 4 bitterval between and death interval between and death interval between and death	in onset
CHOILIONS IF ANY OF ANY	30. DATE SIGNED IM 30. DATE SIGNED IM 30. DATE SIGNED IM 30. DATE SIGNED IM 30. NAME TITLE AD 30. NAME OF ATTEN 30. NAME OF ATTEN 30. NAME OF ATTEN 40. LL M. L.	Anoviedge, death or a said of the property of	CENTIFIERMEDIC IN M.D. OTHER THAN CE IE CAUSE PER LI OF:	CAL EXAMINER 2300 CIC RITIFIER (Type o	M.D. 1 Type or Print) 2 Trmont Driv pr Print) AND (c) Do not enter AND (c) Do not enter Cell be given in PART 1.	Signature) Si DATE SIGN RE KLan made of dying To bid tobe to the de	ED (Month, Day, Yee nath Falls, s. e.g. Carchec or Hea C. Sind	Orega	on 97	Interval between death 2 to a 2 to the rand between death 1 to the rand death 1 to the	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	30. DATE SIGNED IN COMPANY OF THE ADDRESS OF THE AD	Anoviedge, death o of and manner stated of and manner stated of an ordinary of the property of	CERTIFIERWARDS THE M.D. OTHER THAN CE OF. OF. OF. OF. OF. OF. OF. OF	CAL EXAMINER 2300 CIC RITIFIER (Type o	M.D. IlType or Pring ILTMONT Driv or Pring AND (c)) Do not enter AND (c) Do not enter C.J. C.C. ()	Signature) Si DATE SIGN RE KLan made of dying To bid tobe to the de	ED (Month, Day, Yea and h Falls, i.e.g. Carries or flea Con use contribute and Probably Unknown	Orega	on 97	Interval between death 2 to a 2 to the rand between death 1 to the rand death 1 to the	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	30. DATE SIGNED IM 30. DATE SIGNED IM 30. DATE SIGNED IM 30. DATE SIGNED IM 30. NAME OF ATTEN 31. NAME OF ATTEN 35. NAME OF ATTEN 36. NAME OF ATTEN 40. LEVEL OF A 40	Anoviedge, death o of and manner stated of and manner stated of an ordinary of the property of	CERTIFIERWAEDIC IN M.D. OTHER THAN CE OF CAUSE PER U. OF. OF. OF. OF. OF. OF. OF. O	CAL EXAMINER 2300 CI C RITIFIER (Type of the content of the conten	M.D. OType or Print) DETMONE DE LY AND (CI) DO NOT enter C.J. C.C. () See given in PART I. D. AT WORKY	Signature)	ED (Month, Day, Yea and h Falls, i.e.g. Carries or flea Con use contribute and Probably Unknown	Orego	OPSY 30	Interval between and death of the sand death letterval between and death letterval death letterval control of the sand death letterval control of the sand death letterval control of the sand death letterval of the sand death l	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	29 To the best of my does to the cause of th	Anoviedge, death o of and manner stated of and manner stated of an ordinary of the point, Day, Year of the point, Day,	CERTIFIERWARDS THE M.D. OTHER THAN CE OF: OF: OF: OF: OF: OF: OF: OF	CAL EXAMINER 2300 CI C RITIFIER (Type of the content of the conten	M.D. 1 Type or Print) 2 Trmont Driv 2 Frint) AND (cl) Do not enter AND (cl) Do not enter AT WORK? M □ Yee 0 No	Signature)	ED (Month, Day, Yee nath Falls, s. e.g. Carchec or field control of the contro	Orego	OPSY 30	Interval between and death of the sand death letterval between and death letterval death letterval control of the sand death letterval control of the sand death letterval control of the sand death letterval of the sand death l	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	30. DATE STORED IN CONTROL OF THE ADMINISTRATE ADMINISTRA	TRUE AND EXTRAINS USE	CERTIFIERWARDS IN M.D. OTHER THAN CE OF CAUSE PER LI	CAL EXAMINER 2300 CIC RITIFIER (Type of the FOR (a), (b), C the for (a), (b), Lar Underlying cause b 45 - 4 The Time Oct NAURY NAURY NAURY NAURY NAURY NAURY NAURY	M.D. 1 Type or Print) 2 Trmont Driv 2 Frint) AND (ct) Do not enter AND (ct) Do not enter AT WORK! M	Signature)	ED (Month, Day, Yee nath Falls, e.g. Cardiac or fies co use contract Proceeding Unknown Unknown ON (Street and Num)	Orego	OPSY 30	Interval between and death of the sand death letterval between and death letterval death letterval control of the sand death letterval control of the sand death letterval control of the sand death letterval of the sand death l	in onset
CAUSE OF	30. DATE STORED IN CONTROL OF THE ADMINISTRATE ADMINISTRA	TRUE AND EXTRAINS USE	CERTIFIERWHEDIG IN M.D. OTHER THAN CE OF CAUSE PER U. CACT REPRO	CAL EXAMINER 2300 Clc RITIFIER (Type o INE FOR IAL (BL C. Casse C C. Casse C V 115. TIME O INJURY All homes (DOUGTION C HE KLAMAT	M.D. Stripe or Print AND (2) Do not enter Coll Stripe or Print Stripe or Print AND (2) Do not enter Coll AND (2) Do not enter AT WORK? M. Uyes Of No. Stripe or Print AT WORK? M. Uyes Of No. Stripe or Print Stripe	Signature)	ED (Month, Day, Yee nath Falls, e.g. Cardiac or fies co use contract Proceeding Unknown Unknown ON (Street and Num)	Orego	OPSY 30	Interval between and death of the sand death letterval between and death letterval death letterval control of the sand death letterval control of the sand death letterval control of the sand death letterval of the sand death l	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	30. DATE STORED IN CONTROL OF THE ADMINISTRATE ADMINISTRA	Anowledge, death or a series of the property o	CERTIFIERWARDIG IN M.D. OTHER THAN CE OF CAUSE PER LI	CAL EXAMINER 2300 Clc RITIFIER (Type o INF FOR IA) (b) C task f C task f C task f O Lac UNITY Al home of DOUGTION C HE KLAMATI GINAL-VIT	M.D. 1 Type or Print) 2 Trmont Driv 2 Frint) AND (ct) Do not enter AND (ct) Do not enter AT WORK! M	Signature)	ED (Month, Day, Yee nath Falls, e.g. Cardiac or fies co use contract Proceeding Unknown Unknown ON (Street and Num)	Orego	OPSY 38	Interval between and death of the sand death letterval between and death letterval death letterval control of the sand death letterval control of the sand death letterval control of the sand death letterval of the sand death l	in order in
CAUSE OF	30. DATE STORED IN CONTROL OF THE ADMINISTRATE ADMINISTRA	TOURS OF THE CONTROL	CERTIFIERWHEDIG IN M.D. OTHER THAN CE OF CAUSE PER U. CACT REPRO	CAL EXAMINER 2300 Clc RITIFIER (Type o INF FOR IA) (b) C task f C task f C task f O Lac UNITY Al home of DOUGTION C HE KLAMATI GINAL-VIT	M.D. Stripe or Print AND (2) Do not enter Coll Stripe or Print Stripe or Print AND (2) Do not enter Coll AND (2) Do not enter AT WORK? M. Uyes Of No. Stripe or Print AT WORK? M. Uyes Of No. Stripe or Print Stripe	Signature)	ED (Month, Day, Yee agth Falls, i.e.g. Carries or lies C. Silver C. Silve	Oregue GRAITIVES SE AUT. Over or Flural Der or Flural	OPSY 30	Interval between ord death Interval between death Interval death Interval between death Interval death Interval death Interval death	in onset
CHIDITIONS IF ANY OF CH. OWN HISE TO MIST DIP HISE TO HISTORIAN HI	30. DATE STONED IN COMPANY OF THE ADMINISTRATION OF THE ADMINISTRA	TOURS OF THE CONTROL	CERTIFIERWARDIG IN M.D. OTHER THAN CE OF CAUSE PER LI	CAL EXAMINER 2300 Clc RITIFIER (Type o INF FOR IA) (b) C task f C task f C task f O Lac UNITY Al home of DOUGTION C HE KLAMATI GINAL-VIT	M.D. Stripe or Print AND (2) Do not enter Coll Stripe or Print Stripe or Print AND (2) Do not enter Coll AND (2) Do not enter AT WORK? M. Uyes Of No. Stripe or Print AT WORK? M. Uyes Of No. Stripe or Print Stripe	Signature)	ED (Month, Day, Yee nath Falls, e.g. Carriec or fies co use contribute and Decorate Unknown BE HOW WANKY (C) ON (Street and Num) ALLY	Orega	OPSY 30	Interval between and death 2 16- 6-2 there and death and	in order in
CAUSE OF DEATH	JO THE BOTT OF THE CONTROL OF THE CANADA CON	ACHT CONDITIONS CANT UNDERTRIBUTE CANT CONDITIONS CANT	CERTIFIERWARDIC IN M.D. OTHER THAN CE OF CAUSE PER U.	CAL EXAMINER 2300 CIC RITIFIER (Type o INF FOR IA) (BL C Lass L C Lass L O L O L O L O L O L O L O L	M.D. Stripe or Print AND (2) Do not enter Coll Stripe or Print Stripe or Print AND (2) Do not enter Coll AND (2) Do not enter AT WORK? M. Uyes Of No. Stripe or Print AT WORK? M. Uyes Of No. Stripe or Print Stripe	Signature)	ED (Month, Day, Yee nath Falls, e.g. Carriec or fies co use contribute and Decorate Unknown BE HOW WANKY (C) ON (Street and Num) ALLY	Orega Orega Definition Am Description CURRED Der or Flural Der or Flural DET BAILE DUNTY RE	OPSY 30	Interval between and death 2 16- 6-2 there and death and	in order in
CONSTITUTES OF CAUSE OF DEATH	JO THE BOTT OF THE CONTROL OF THE STATE OF T	Anowledge, death of a work of the part of	CERTIFIERWHEDIG IN M.D. OTHER THAN CE OF CAUSE PER U.	CAL EXAMINER 2300 CIC RITIFIER (Type o INE FOR IAL (BL C. Law L C. Law	M.D. If you or Print) If ITMORE DE LY IF THE DOCUME H COUNTY REGIS AL STATISTICS	Signature)	ED (Month, Day, Yee nath Falls, e.g. Carriec or fies co use contribute and Decorate Unknown BE HOW WANKY (C) ON (Street and Num) ALLY	Orega Orega Definition Am Description CURRED Der or Flural Der or Flural DET BAILE DUNTY RE	OPSY 30	Interval between and death 2 16- 6-2 there and death and	in order in
CAUSE OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT	JO THE BOTT OF THE CONTROL OF THE STORY OF T	A CONSCIUNCE S A CONSCIUNCE	CERTIFIERWHEDIG IN M.D. OTHER THAN CE OF CAUSE PER U. TO CO. DO C	CAL EXAMENER 2300 CI C RTIFIER (Type of the FOR 16) (D) C Count Lac Sunderlying cause Lac Sunderlying cause Lac Lac Sunderlying cause Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Lac Lac Lac La	M.D. If you or Print) If ITMORT Drifty If Print] AND (C1) Do not enter AND (C1) Do not enter AT WORK! M. Uses Of No. AT WORK! AL STATISTICS	Signature)	ED (Month, Day, Yee nath Falls, e.g. Carriec or fies co use contribute and Decorate Unknown BE HOW WANKY (C) ON (Street and Num) ALLY	Orega Orega Definition Am Description CURRED Der or Flural Der or Flural DET BAILE DUNTY RE	OPSY 30 NO. OPSY 3	Interval between ord death 2 to any Interval between death Interval between death Interval between death Interval between death Interval cone of Interval c	in oneel in
CAUSE OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT	JO THE BATE OF THE CAUSE OF THE	Anowledge, death or a series of the property o	CERTIFIERWAEDO OF M.D. OTHER THAN CE OF CAUSE PER U.	CAL EXAMENER 2300 CI C RTIFIER (Type of the FOR 16) (D) C Count Lac Sunderlying cause Lac Sunderlying cause Lac Lac Sunderlying cause Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Lac Lac Lac La	M.D. If you or Print) If ITMORE DE LY IF THE DOCUME H COUNTY REGIS AL STATISTICS	Signature)	ED (Month, Day, Yea nath Falls, i.e.g. Cardiac or lies Consecutive and Accordance Control Contr	Oregue De Autr De CURRED Der or Rural NET BAILE DUNTY REI THI COUNT	OPSY 30 PROUTE N	Interval between the conditions of the condition	in order in
CAUSE OF OLATH	JO THE BATE OF THE CAUSE OF THE	Anowledge, death or a series of the property o	CERTIFIERWAEDIC IN M.D. OTHER THAN CE IN CAUSE PER U. OF. OF. OF. DATE OF INJURY (MONTH, Day, Year, building stc. (S) (ACT REPRO OFFICE OF TH	CAL EXAMENER 2300 CI C RTIFIER (Type of the FOR 16) (D) C Count Lac Sunderlying cause Lac Sunderlying cause Lac Lac Sunderlying cause Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Sunderlying cause Lac Lac Lac Lac Lac Lac Lac La	M.D. IType or Print) Itymon't Driv Itymon't Driv	Signature)	ED (Month, Day, Year andth Falls, i.e.g. Carries or flea C Silver and Silver and Num ALLY	Oregue SE AUT Der or Fural Der or Fural Der or Fural LITH COUNT LITH COU	OPSY 38 PROUTE NO. 1 PROUTE N.	Interval between the conditions of the condition	in orner in