-09-27-95P03:10 RCVD

	19465 I.D. TAG 4/6-2 Local File I	NO.		H CENTER F CERI	TMENT OF H EALTH DIVIS FOR HEALTH TIFICATE OF	ION STATIST DEATH	ICS 136-	State	File Numbe		7
. [NAME	Lena		Middle	F	PARKER		Female		ber 17,	1995
ļ	540-78-744	92	ast Birthday	Sb. Under 1 Y Mos Days	Hours Mins	Rla	PLACE (City and that half the Fal			iber 30,	
ECEDENT	B WAS DECEDENT E U.S. ARMED FORC LI Yes No	1100/11/19	CImpatient	[] ER/Outpatier	N DOA OTHER	Nursing H	ome [XDecede	nt's Home []Ot	her (Specify)	d. COUNTY OF	
	1	ill not institution, gn 18et Court	ve street and	number)	9c.		n LOCATION O	3		Klamat	th
	100 DECEDENT'S US	SUAL OCCUPATION	working life	106 KIND OF E	BUSINESSANDUSTRY		11. MARITAL S Never Marri Divorced (S	TATUS - Married led, Widowed, pecify)	12. SPOUSE (ll Married, Wid	lowed)
	Homemak	ker			Home		Marr 13d, STREET A	i ed	Charle	s Parke	r
	13a. RESIDENCE - ST	TATE 136. COUNT			ath Falls			Sunset (
	13e. INSIDE CITY LIMITS? \$1 Yes \(\text{INO}\)	97603	14, WAS I (Specify I Mexican, Specify:	DECEDENT OF F to or Yes - If yes Puerto Rican, et	HSPANIC ORIGIN? s, specify Cuban, c) XINo LIYes	IS RACE Black, V	American India Vhille, etc. (Spec	Element	16 DECEDEN pecify only high ary/Secondary R	IT'S EDUCATR lest grade corr (0-12) College	rpieled)
TARENTE	17, FATHER - NAME	first middle	lasi	18. MOTHER -		2.0		19. INFORMANT			leceased
PARENTS		Hibberts	soleum	Mary 206. PLACE OF	DISPOSITION (Name	res of cemetery, c	rematory, or	Lena Po	arker – City or Town,		
SPOSITION		ation 🗌 Removal Iron		olner plac	el Il Hills Men			Klanati	h Falls,	Orego	า
		FUNERAL SERVICE	LY NSEE C	1	21b LICENSE NUME (Of Licenses)	BER 22. NA	ME, ADDRESS /	AND ZIP OF FAC	ILITY		
	Call	a.W.			3588	471	l Highway	39 Klanuth			603
GISTRAR	23. DATE FILED (Mo	onth, Day, Year)	201	995	· · · · · · · · · · · · · · · · · · ·	24. RE	GISTHAR'S SIGN	NATURE .	ionser		
	ſ	REPRESENTATIVE M			ICAL GIFT CONSENT?		S GIFT MAGE?	~~~	y our		
'	TYES UN	NO LX NIA			5.50 2.04		YES CINO	D(NA			il No
	32 THE DE DEATH	TO BE COMPLETED		ING PHYSICIAN	, .	31a, Tiles		MPLETED ONLY			Year, Hours
	6:30	a. M []yes	XNo				м				
ERTIFIER	29 To the best of m due to the cause (Signature)	ny knowledge, death e(s) and manner state	occurred at the	he time, date, pli	ace and	32. On the at the (Signal		ination and/or im a and due to the	restigation, in r cause(s) and i	ny opinion des manner stated	ith occured
] -			1.							
	O DATE SIGNED	(Month, Day, Year)			M.D.		SIGNED (Month,	, Dey, Year)	·	COUNTY	
		Month, Day, Year)	F CERTIFIER	MEDICAL EXAM		33 DATE	· <u>·</u> ·····	. <u> </u>			
	34. NAME, TITLE, A		s M.D.	2300 CI	iken (Type or Print) al rmont Dri	33 DATE	· <u>·</u> ·····	alls, Ore	egon 97		
NDITIONS IF ANY IICH GAVE	34. NAME, TITLE, A JOINE 35. NAME OF ATTE	ODDRESS AND ZIP OF COMES No. Beggs	S M.D.	2300 CL	INER (Type or Print) almont Dr ype or Print)	ive Ki	omath F	alls, Or		501	
IF ANY HCH GAVE RISE TO MEDIATE	34. NAME, TITLE, A JOINE 35. NAME OF ATTE	ODDRESS AND ZIP OF COMES No. Beggs	S M.D.	2300 CL	INER (Type or Print) Q[PITON T DP ype or Print) 1. (D), AND (c), Do not	ive Ki	omath F	alls, Or		501	lyeen onset
IF ANY HCH GAVE NISE TO	34. NAME, TITLE, A JOHN 35. NAME OF ATTE 35. IMMEDIATE CAL PART (a) DUE TO, OR	ODDRESS AND ZIP OF COMES No. Beggs	S M.D. FOTHER THA	2300 CL AN CERTIFIER (I	INER (Type or Print) Q[PITON T DP ype or Print) 1. (D), AND (c), Do not	ive Ki	omath F	alls, Or		interval bet and deathy	ween onset
CH GAVE ISE TO ISEDIATE IAUSE ING THE ING THE ISE LAST	34. NAME, TITLE A JOTH 35. NAME OF ATTE 35. IMMEDIATE CAI PART (a) DUE TO, OR OUE TO, OR	NODRESS AND ZIP OF RESIDENCE OF THE PROPERTY O	N.D. FOTHER TH	2300 CL AN CERTIFIER (I	INER (Type or Print) Q[PITON T DP) Type or Print) 1. (D), AND (c), Do not	ive Ki	omath F	alls, Or		Interval being deathy	tyreen onset
CH GMVE ISE TO MEDIATE JAUSE ING THE DERLYING JISE LAST	34. NAME, TITLE, A JOTH 35. NAME OF ATTE 35. IMMEDIATE CAI PART (a) DUE TO, OR PART (c) PART (c) PART (c)	ADDRESS AND ZIP OF BEST AND ZIP OF BEST AND ZIP OF BEST AND ZIP OF BEST AND AS A CONSEQUENCE TO THE BEST AND ZIP OF BEST A	S M.D. FOTHER THAT ONE CAUSE F / nea E OF: I Orc	2300 CI AN CERTIFIER (1) TER LINE FOR (A LEZZA / C Soll'C	CUA	ive KI	omath F	alls, Ore		interval bet and death interval bet and death interval bet and death interval bet and seath interval bet and seath	ween onset
ANY CH GAME ISE TO HEDIATE AUSE HING THE HERLYING ISE LAST	34. NAME, TITLE, A JOTH 35. NAME OF ATTE 36. IMMEDIATE CA PART (a) DUE TO, OR (b) PART (c)	ADDRESS AND ZIP OF BEST AND ZIP OF BEST AND ZIP OF BEST AND ZIP OF BEST AND AS A CONSEQUENCE TO THE BEST AND ZIP OF BEST A	S M.D. FOTHER THAT ONE CAUSE F / nea E OF: I Orc	2300 CI AN CERTIFIER (1) TER LINE FOR (A LEZZA / C Soll'C	INER (Type or Print) Q[PITON T DP) Type or Print) 1. (D), AND (c), Do not	33. DATE :	omath Fo	alls, Ore	y Arrest. AUTOPSY 30	interval bet and death interval bet and death interval bet and death interval bet and seath interval bet and seath	when onset when onset were order than the work of the
ANY CH GAME ISE TO HEDIATE AUSE HING THE HERLYING ISE LAST	34. NAME, TITLE, A JOHN 35. NAME OF ATTE 36. IMMEDIATE CAI DUE TO, OR (b) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ADDRESS AND ZIP OF CONTROL OF CON	S M.D. FOTHER THI ONE CAUSE F N CO E OF: F WY I Or on resulting	2300 CI AN CERTIFIER (I SER LINE FOR (A (22204 C Sed (1 C (C Y S D)	CUA	33 DATE:	omath Fo	alls, Ore	AUTOPSY 30	interval between death of the sand death of the	when onset when onset were order than the work of the
ANY CH GAVE SE TO SE TO SE TO SE DIATE AUSE SING THE ERLYMO SE LAST	35. NAME, TITLE, A JOTH SS. NAME OF ATTE 35. IMMEDIATE CA PART (a) DUE TO, OR PART (c) PART (c) Conditions co	DDRESS AND ZIP OF CONTROL OF CONT	S M.D. FOTHER THAT FOTHER THAT FOTHER THAT FOTHER THAT FOTHER FOT	2300 CI NN CERTIFIER () VER LINE FOR (a LEADA / C CA / D In the underlying	CUÁ CALEBO (EVEN IN PART 1 ALDA AND (CL) DO NOT CALEBO (EVEN IN PART 1 ALDA AND (CL) DO NOT CALEBO (EVEN IN PART 1 AT WALLEY M [] Yes]	ST DATE:	dynag, e.g. Card tobacco use cor tobac	alls, Ore	AUTOPSY 30 Yes (XNo	Interval between department of the control between the control bet	yeen onset yeen onset yeen onset year year year one of one
ANY CH GAVE SE TO EDIATE AUSE ING THE ERLYING SE LAST	34. NAME, TITLE, A JOSTM 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE (a) DUE TO, OB PART (b) DUE TO, OB PART OTHER SIGN Considers of MUDITALE 40. MANNER OF D WANNURS	AS A CONSEQUENCE AS A C	S M.D. FOTHER THAT FOTHER FOTHER THAT FOTH	2300 CI NN CERTIFIER () VER LINE FOR (a LEADA / C CA / D In the underlying	ALE OF AT W.	ST DATE:	dynag, e.g. Card tobacco use cor tobac	alls, Ore	AUTOPSY 30 Yes (XNo	Interval between department of the control between the control bet	yeen onset yeen onset yeen onset year year year one of one
ANY CH GAVE ISE TO SEEDIATE AUSE WING THE SELAST AUSE LAST	34. NAME, TITLE, A JOHN 35. NAME OF ATTE 36. IMMEDIATE CAI 36. IMMEDIATE CAI 40. DUE TO, OR 40. DUE TO, OR 40. IN ORDISON 40. MAINHER OF D Whatural L] Accident L] Accident L] Suickle	DDRESS AND ZIP OF CONTROL OF CONT	S M.D. FOTHER THAT FOTHER FOTHER THAT FOTH	2300 CI NN CERTIFIER (I PER LINE FOR (a LE2204 C CG Y D In the underlying	CUÁ CALEBO (EVEN IN PART 1 ALDA AND (CL) DO NOT CALEBO (EVEN IN PART 1 ALDA AND (CL) DO NOT CALEBO (EVEN IN PART 1 AT WALLEY M [] Yes]	ST DATE:	dynag, e.g. Card tobacco use cor tobac	alls, Ore	AUTOPSY 30 Yes (XNo	Interval between department of the control between the control bet	yeen onset yeen onset yeen onset year year year one of one
ANY SE TO EDIATE HIGH THE HIGH THE ERLYING SE LAST AUSE OF THE HIGH THE HI	34. NAME, TITLE, A JOINE 35. NAME OF ATTE 40. DUE TO, OR, PART OF INC. OR	DEATH Pending Investigation Use (EI) ER ONLY CO Co Co Co Co Co Co Co	S M.D. FOTHER THE ONE CAUSE F NCO E OF NCO F OT CO I for consulting I not resulting	2300 CI AN CERTIFIER (I ER LINE FOR (A LELYSA) C (GYS) In the underlying In the underlying INJURY ATT. IN.	AL OF AT W. M. [1792 or Print] AL (b), AND (c)) Do not a cause given in PART I	33 DATE:	omath Fe	alls, Ore	AUTOPSY 30 Yes (XNo	Interval between department of the control between the control bet	yeen onset yeen onset yeen onset year year year one of one
ANY H GAVE SE TO EDIATE NUSE NG THE HLYING SE LAST	34. NAME, TITLE, A JOSTM 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE (a) DUE TO, OB ED. (b) TOHER SION Conditions on NIDON 40. MANNER OF D (Matural Clacident Clacident Clacident Clacident Clacident This is	USE (EITER ONLY CO. AS A CONSEQUENCE ON CONSEQUENCE ON CONTINUE OF CONTINUE ON	S M.D. FOTHER THA	2300 CI NN CERTIFIER (I) FER LINE FOR In LE220 (C) CG Y D In the underlying IN. NAURY Alb. TIR NY, Year) PRODUCTIO F THE KLAN	AE OF ATC. INLIGHT AT WE CONTROLLED TO COLUMN TO PERSON THE DOCUMENT OF THE DOCUMENT OF THE COLUMN TO PERSON TO PERS	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 Yes (XNo	Interval between department of the control between the control bet	yeen onset yeen onset yeen onset year year year one of one
ANY SE TO SET O SE	34. NAME, TITLE, A JOSTM 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE (a) DUE TO, OB ED. (b) TOHER SION Conditions on NIDON 40. MANNER OF D (Matural Clacident Clacident Clacident Clacident Clacident This is	USE (EITER ONLY CO. AS A CONSEQUENCE ON CONSEQUENCE ON CONTINUE OF CONTINUE ON	S M.D. FOTHER THA	2300 CI NN CERTIFIER (I) FER LINE FOR In LE220 (C) CG Y D In the underlying IN. NAURY Alb. TIR NY, Year) PRODUCTIO F THE KLAN	ALE OF ALC. INJURY M [1yes] ON OF THE DOCU	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 Yes (XNo	Interval bet and dysthy districted by the sand death and death and death of the sand	yeen onset yeen onset yeen onset year year year one of one
ANY SE TO EDIATE HIGH THE HIGH THE ERLYING SE LAST AUSE OF THE HIGH THE HI	34. NAME, TITLE, A JOTH 35. NAME OF ATTE 36. IMMEDIATE CAI 36. IMMEDIATE 36.	DEATH TRIPE AND E	S M.D. FOTHER THE DIE OF: NEOF NEOF NEOF NEOF NEOF NEOF NEOF NEOF	2300 CI NN CERTIFIER (I) FER LINE FOR In LE220 (C) CG Y D In the underlying IN. NAURY Alb. TIR NY, Year) PRODUCTIO F THE KLAN	AE OF ATC. INLIGHT AT WE CONTROLLED TO COLUMN TO PERSON THE DOCUMENT OF THE DOCUMENT OF THE COLUMN TO PERSON TO PERS	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 Property 30 Pro	Interval betand dyalty. Interval betand dyalty. Interval betand death Interval betand Interval be	yeen onset yeen onset yeen onset year year year one of one
ANY SE TO SET O SE	34. NAME, TITLE, A JOSTM 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE 35. NAME OF ATTE (a) DUE TO, OB ED. (b) TOHER SION Conditions on NIDON 40. MANNER OF D (Matural Clacident Clacident Clacident Clacident Clacident This is	DEATH TRIPE AND E	S M.D. FOTHER THE DIE OF: NEOF NEOF NEOF NEOF NEOF NEOF NEOF NEOF	2300 CI NN CERTIFIER (I ER LINE FOR (a LL22) A. I C (G Y C) (G Y C) In the underlying In the underlyin	AE OF ATC. INLIGHT AT WE CONTROLLED TO COLUMN TO PERSON THE DOCUMENT OF THE DOCUMENT OF THE COLUMN TO PERSON TO PERS	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Interval bet and dyalty Interval bet and death Interval bet and death Interval bet and death In 113 were protection of the control bet and goalth In 113 were protection of the control bet and goalth In 113 were protection of the control between the control bet	yeen onset year onset year onset year onset year onset or death
T ANY CALL OF THE CALL OF T	34. NAME, TITLE, A JOTH 35. NAME OF ATTE 36. IMMEDIATE CAI 1 DUE TO, DR 1 DUE TO, DR 1 DUE TO, DR 1 DUE TO, DR 1 OTHER SIGNE 1 DATE IS DATE IS	ADDRESS AND ZIP OF CONTROL OF CON	S M.D. FOTHER THE DIE OF MCG E	2300 CI NA CERTIFIER (I ER LINE FOR (A L/21) A / C (G / C) (G	AE OF ATC. INJURAL STATIS	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 11 Ves I (Ves I (Ves I Ves I Ve	Interval bet and dyalty Interval bet and death Interval bet and death Interval bet and death In 113 were protection of the control bet and goalth In 113 were protection of the control bet and goalth In 113 were protection of the control between the control bet	yeen onset year onset year onset year onset year onset or death
TAIN MAN TO THE OF THE	M. NAME, TITLE, A JOHN SE NAME OF ATTE SE IMMEDIATE CA PART (a) DUE TO, OB, PART OTHER SIGN Conditions on MUDITAL Coldent Clausedo THOMICS THESERVED FOR RE THIS IS REGIST DATE IS OREGON: CO	DEATH Togal Independent Logal Independent BEATH Togal Independent EGISTRAR'S USE A TRUE AND E EFRED AT THE (SSUED): SSUED: SELECTION SSUED: SSUED: SSUED: SELECTION SSUED: SSUED: SSUED: SELECTION SSUED: S	S M.D. FOTHER THA	2300 CI NN CERTIFIER (I) FER LINE FOR (A LIZZOLI C (GY) In the underlying In th	ALC INJURY ME OF ALC INJURY	ST DATE:	omath Fo	alls, Ore	AUTOPSY 30 11 Ves I (Ves I (Ves I Ves I Ve	Interval bet and dyalty Interval bet and death Interval bet and death Interval bet and death In 113 were protection of the control bet and goalth In 113 were protection of the control bet and goalth In 113 were protection of the control between the control bet	yeen onset year onset year onset year onset year onset or death
TAIN MAN TO THE OF THE	M. NAME, TITLE, A JOHN SE NAME OF ATTE SE IMMEDIATE CA PART (a) DUE TO, OR PART OTHER SIGN Conditions on MUDITAL Coldent Clackdo Thomicide RESERVED FOR RE THIS IS REGIST DATE IS OREGON: CCC CORD at request	DDRESS AND ZIP OF BS N. Beggs INDING PHYSICIAN II USE (EITHER ONLY COME AND A CONSEQUENCE) AS A CONSEQUENCE BETTANA SUSE A TRUE AND E EFFED AT THE COME SSUED: SE DUNTY OF OF OF	S M.D. FOTHER THAT ONE CAUSE F NCO LE OF LE OF	2300 CI IN CERTIFIER (I LET LINE FOR (A LET LINE FOR (ALC INJURY ALCO AND (c) DO NOT CUA CUA CALLER (given in PART I AT W M [] Yes) OTHER DOCK ATTHER DOCK	ST DATE : ST DATE :	dynage of Card dynage of Card tobacco use cor no death? los !. I no No [i Uni CATION (Street	alls, Ore all and Number or Land Number or COUNT KLAMATH C	AUTOPSY 30 AUTOPSY 30 I ves IXNo Rural Route N Rural Route N ALLEY-GOBE Y REGISTRA OUNTY, ORI	Interval bet and dyalty. Interval bet and dyalty. Interval bet and death In 113 are y determining chart I yes DM Jacket R R R R R R R R R R R R R	typeen onset A 1 The type of type
BOF for rec	M. NAME, TITLE, A JOHN SE NAME OF ATTE SE IMMEDIATE CA PART (a) DUE TO, OB, PART OTHER SIGN Conditions on MUDITAL Coldent Clausedo THOMICS THESERVED FOR RE THIS IS REGIST DATE IS OREGON: CO	DDRESS AND ZIP OF CONTROL OF CONT	S M.D. FOTHER THAT ONE CAUSE F NCO NE COP NCO NCO NE COP NCO NCO NE COP NCO	2300 CI IN CERTIFIER (I LET LINE FOR (A LET LINE FOR (ALC INJURY ALCO AND (c) DO NOT CUA CUA CALLER (given in PART I AT W M [] Yes) OTHER DOCK ATTHER DOCK	ST DATE : ST DATE :	ornath Fe dynng, e.g. Card trobacco use cor ne death? Ves Pro Ne Pro Ne Unit CATION (Street	alls, Ore all shows a second s	AUTOPSY 30 AUTOPSY 30 I ves (XNo Rural Route h Rural Route h ALEY-GOBE Y REGISTRA OUNTY, ORR	Interval bet and dyalty. Interval bet and dyalty. Interval bet and death In 113 are y determining chart I yes DM Jacket R R R R R R R R R R R R R	typeen onset A 1 The type of type
B OF	M. NAME, TITLE, A JOHN SE NAME OF ATTE SE IMMEDIATE CA PART (a) DUE TO, OR PART OTHER SIGN Conditions on MUDITAL Coldent Clackdo Thomicide RESERVED FOR RE THIS IS REGIST DATE IS OREGON: CCC CORD at request	DDRESS AND ZIP OF CONTROL OF CONT	S M.D. FOTHER THAT ONE CAUSE F NCO LE OF LE OF	2300 CI IN CERTIFIER (I LET LINE FOR (A LET LINE FOR (ALC INJURY ALCO AND (c) DO NOT CUA CUA CALLER (given in PART I AT W M [] Yes) OTHER DOCK ATTHER DOCK	ST DATE : ST DATE :	ornath Formath	alls, Ore all and Number or Land Number or COUNT KLAMATH C	AUTOPSY 30 1 1 2 2 2 2 2 2 2 2	Interval bet and graftly and g	ween onset Vill Index town, State Town, State 27th M95

5540 Sylvia Avenue Klamath Falls, OR 97603