8325

Volm95 Page 29478

	G-408	. 7	OREGO	N DEPARTA	MENT OF HU	Man d	ESOUDA				
BLACK INK I	I.D. TAG	3 NO.		HEA	ALTH DIVISIO	าก					
1	Local File	Y I Number		CERTIF	R HEALTH S	STATIST EATH	rics T <sub>13</sub>	-	State File No	ımber	$\neg$
$\sim$ (	1. DECEDENT'S NAME	First Thomas	_	Middle	Les			2. SEX			onth, Day, Year)
		Y NUMBER SA AGEL	ast Birthday	Onroe 5b. Under 1 Year	BAR 5c. Under 1 Day		IPLACE (City a	Male		ber 7,	1995
	540-16-8 8.WAS DECEDENT E U.S. ARMED FORC	rar i	73	Mos Days	Hours Mins.	Coun	‴Sheri	dan, A	1 /	h 4, 19	•
- DECEDENT	XX Yes Ao	MOSPITAL S	<b>É</b> Inpatient	☐ ER/Outpatient	DOA OTHER	OF DEATI	H <i>[Check only</i> lome □Deced	one) lent's Home	Other (Speci	NI	
·		est Medical			9c, CI1	Y, TOWN, C	OR LOCATION	OF DEATH		9d. COUNT	Y OF DEATH
2	10a DECEDENT'S US			106 KIND OF BUSI		allaci	Falls	STATUS - MA	med. 12 SPOU	Klam	ath Widowedi
3	Superint			Public i	Utilities		Drvorced (	Specify)	"		
·	13a. RESIDENCE - ST	TATE 135. COUNTY		13c. CITY, TOWN	OR LOCATION		Marri 13d. STREET		R Mar	y Jane	<del></del>
5	Oregon  13e. INSIDE CITY LIMITS?	131. ZIP CODE	TIA WAS DE	Klamath		I15. RACE	5530 American Ind	Villa		DENT'S EDUCA	ATION
5	☐ Yes ŒNo	97603	Mexican, Pu Specify:	or Yes - If yes, spe uerto Rican, etc.)	cily Cuban, SNo ∐Yes	Black, V	thite, etc. (Spe	rcify)	(Specify only	highest grade i	completed) lege [1-4 or 5+)
PARENTS	17. FATHER - NAME	first middle		18. MOTHER - NAM	E first middle	maiden	ite	_ 1	ANT - NAME an	- I	2
	Chester 1	William Bar			Jo Lockhar			Mary	Jane Ba	mes / 1	
DISPOSITION	☐Burlat <b>反</b> Cremat	tion Demoval from	State	other place)	POSITION (Name of o	emetery, cr	ematory, or	20c. LOCATA	ON - City or To	wn, Siale	
<b>'</b>   .	☐ Donation ☐ Other	FUNERAL SERVICE I	ICENSEE OR		Cremation		.CE	Klan	ath Fal	ls, Ore	30n
·	PERSON ACTINO	G AS SUCH	1		(0) Licensee)	War	d's Kla	math F	uneral	Home, In	nc.
REGISTRAR	23. DATE FILED (Mon	ath Day Yand	CT 10	<del></del>		24. REG	5 Main STRAR'S SIG	/ Klan	ath Fal	ls, OR 9	7601
	25. DID HÖSPITAL RE	EPRESENTATIVE MAK			GIFT CONSENT?	12	GIFT MEDE?	Ses	nonco	~	
, ?	Cores DNC				on reconsent?	U	•	LINA			
)	je (za se selecti) S	TO BE COMPLETED BY	Y CERTIFYING	PHYSICIAN	र ≱क्ष्य				: :		1
	27 TIME OF DEATH	28 WAS MEDI				31a. TIME C			ONOUNCED DE		y, Year, Hour)
	17:50 29 To the best of my	M Yes C knowndge, death occ stapp manner stated.	RNo curred at the t	ime, date, place an	<del></del>	32. On the i	M M	nation undice	Impatration .		N.
CERTIFIER	(Signature)	//(	<b>,</b> ,			at the tir (Signatur	ne, date, placi rej	e and due to	investigation, i the cause(s) an	d manner state	d.
·	30. DATE SIGNED (M	pern, Day, Year)				D. DATE SIG	SNED (Month,	Dav. Year)	<del></del>	COUNT	~
3		October 9, DRESS AND ZIP OF C	1795							555111	
		Bohnen, M				math 1	Falle .	OD 976	<b>1</b> 1		
CONDITIONS IF ANY	S. NAME OF ATTEND	DING PHYSICIAN IF O	THER THAN C	ERTIFIER (Type or	Print)			0.0.0			
RISE TO	36. IMMEDIATE CAUSI	E IENTER ONLY ONE	CAUSE PER	LINE FOR (a), (b), A	ND (c)) Do not enter	mode of dy	ing, e.g. Cerdii	c or Respira	tory Arrest.	interval be	etween onset
CAUSE 2	1 (a)	Chemicar		of when		Toutra				75 4	
STATING THE UNDERLYING	DUE TO, OR AS	A CONSEQUENCE O									<u> </u>
STATIFIC THE UNIDERLYING CAUSE LAST	(b)	S A CONSEQUENCE O								Interval be and death	lween onset
STATING THE UNDERLYING CAUSE LAST	(b)	S A CONSEQUENCE O					·			and death	lween onset
STATING THE UNDERLYING CAUSE LAST	(b)  DUE TO, OR AS  PART (c)  OTHER SIGNIFICATION	S A CONSEQUENCE O	DF:	e underlying cause	Chen in PAST I	37. Ded tot	secco use conti	ribute	38. AUTOPSY	Interval be and death	tween onset
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS  (c) OTHER SIGNIFIC Conditions control	S A CONSEQUENCE O	F. resulting in th	w underlying cause	given in PART I.	37. Dod tot to the Control of the Section	Death?	aby		Interval be and death and death and death and death and death and death and determining causes.	elween onset
CAUSE OF DIATH	(c) DUE TO, OR AS PART (C) OTHER SIGNIFIC CONDITIONS CONTROL  Atheras & C. C.  40. MANNER OF DEAL	ICANT CONDITIONS.  TO THE CENTER OF THE CENT	F: I resulting in the	TY 41b. TIME OF	_	D Yes 25wo	Seath?	ably own	□ Yes XI No	Interval be and death	elween onset
CAUSE OF DIATH	(c) DUE TO, OR AS OTHER SIGNIFE Conditions contin  Atherase Co 40. MANNER OF DEAL SCINATURAL CONDITION CONTINUES CON	CANT CONDITIONS.  CONTROL CONDITIONS.  CONTROL CONDITIONS.  CONTROL CONTROL  CONTROL  Pending  Investigation  Undetermined	of resulting in the	TY 41b. TIME OF	41c. INJURY AT WORK?	D Yes 25wo	Prob	ably own	□ Yes XI No	Interval be and death and death and death and death and death and death and determining causes.	elween onset
STATERIO THE UNDERLYME CAUSE LAST CAUSE OF DEATH	ODJETO, OR AS  OTHER SIGNIFIC OTHER	CANT CONDITIONS.  I	I resulting in the Secondary Seconda	RY 41b. TIME OF INJURY	_	13 the 95wo 41d, OESC	Probi	own JURY OCCUP	□ Yes XI No	Interval be and death on determining cau	tween onset
CAUSE OF DIATH	CO) DUE TO, OR AS CO   TOTHER SIGNIFIC COnditions continued to the conditions conditions continued to the conditio	S A CONSEQUENCE O	ATE OF INJUR Month, Day, Yea Duilding etc. (2)	AY 41b. TIME OF INJURY  JURY - At home tam  Specify	41c. INJURY AT WORK? M	13 les 2540 41d, DESC 41f, LOCA	OBBITS Prob. Union RISE HOW IN.	own JURY OCCUP	□ Yes XI No	Interval be and death on determining cau	tween onset
CAUSE OF DIAIN	CONTROL OF ASSESSED OF A PRODUCTION OF ASSESSED OF ASS	CANT CONSEQUENCE O	F. F	AT A	AT WORK?  M Cres Kino m. street, factory, office	13 les 95we 41d, 0ESC 41f, LOCA	OBBITS Prob. Union RISE HOW IN.	own JURY OCCUP	□ Yes XI No	Interval be and death on determining cau	Itween onset  Town ordet  Town, State)
CAUSE OF DEATH	CONTROL OF ASSESSED OF A PRODUCTION OF ASSESSED OF ASS	CANT CONSEQUENCE OF CANT CONSTITUTES OF CAST O	T resulting in the second of t	DUCTION OF	AT WORK?  M Cres Mino  The Internation of the County Regis	411, LOCA	OBBITS Prob. Union RISE HOW IN.	own JURY OCCUP	□ Yes XI No	Interval be and death on determining cau	Itween onset  Town ordet  Town, State)
CAUSE OF DIATH	(b) DUE TO, OR AS (c) OTHER SIGNITIA OTHER SIGNITIA Conditions contin  Atthur s.c. G. 40. MANNER OF DEAL SINATURAL   Accident     Suicide     Homicide    THIS IS A T  REGISTER	CANT CONSEQUENCE OF CANT CONSTITUTES A CONSEQUENCE OF CAST CAST CAST CAST CAST CAST CAST CAST	F. F	DUCTION OF	AT WORK?  M Cres Kino m. street, factory, office	411, LOCA	OBBITS Prob. Union RISE HOW IN.	Jahr L	C Yes XI No	Interval be and death interval be and death interval be and death interval be and the and death interval be an	Itween onset  Town ordet  Town, State)
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CAUSE OF ORE	PART (c)  OTHER SIGNITIA  DATE ISSU  OTHER SIGNITIA  DATE ISSU  OTHER SIGNITIA  DATE ISSU  OTHER SIGNITIA  OTH	CANT CONDITIONS - Inbuffing to death but not not not not not not not not not no	I resulting in the second of including the second of including the second of the secon	ATT TIME OF BUJURY AT HOME SERVING OF HE KLAMATH C	HE DOCUMEN COUNTY REGIS	411. LOCA  TOFFIC TRAR.	Problem I	JANET E COUNT	College Wilder	Interval be and death and	Hween onset  Hween onset  Hween onset  O N/A  H Town, State)
CAUSE OF ORE	COULTO, OR AS  PART 10  THER SIGNIER  OTHER SIGNIER  DATE ISSU  OTHER SIGNIER  DATE ISSU  OTHER SIGNIER  OTHER	CANT CONDITIONS - Inbuffing to death but not not not not not not not not not no	PLACE OF INJURIENT OF THE PRODUCTION OF THE PROD	ATT TIME OF BUJURY AT HOME TEN B	THE DOCUMEN COUNTY REGIS	411. LOCA  TOFFIC TRAR.  COPY	Problem   Proble	JANET E COUNT (CLAMATH CLAMATH	Control Reports  Repo	interval be and death provided in the provided	Invenionation of the control of the