8843

Vol. 1996. Page 30592

BLACK INK	1799 I.O. TA		OHEGO		MENT OF HUM ALTH DIVISION		CES		en e
	Local File	7	] c	CENTER FO	R HEALTH ST.	ATISTICS 7		e File Number	7
$\bigcirc$	1. DECEDENT'S NAME	<i>Fim</i> √illiam		Middle Crosby	(asi	BETT	z. sex Male		ATH (Month, Day, Year) . 27, 1995
<i>(</i> ,	4.SOCIAL SECURI	TY NUMBER Se. A	GE Last Birthday	5b. Under 1 Year	5c. Under 1 Day	8. BIRTHPLACE (City Country)		7. DATE OF BIF	TH (Month, Day, Year)
	544 12 a.was decedent U.S. ARMED FOR	EVER IN			Hours Mins.	Los Ange	les, CA.	Dec	. 25, 1923
DECEDENT	Q(Yes □ No	1.000.0	AL Inpatient	☐ ER/Outpatient	DOA OTHER DE	Yursing Home (XDec	adent's Home 🗍 Ot	het (Specify)	
1		e <i>ni nai institution</i> lotchkis		number)	9c. City,	TOWN OR LOCATIO	Point	90	COUNTY OF DEATH Klamath
2	10a. DECEDENT'S (Give kind of w Do not use re	USUAL OCCUPATE ork done during mo:	ON st of working life.	10b. KIND OF BUS	INESSANDUSTRY	Never &	IL STATUS - Married farried, Widowed, d (Specify)	12. SPOUSE (IF	Memod, Widewed)
3	Driver				nd Bus Lin	es Mai	rried		Judith M.
4	13a RESIDENCE Oregon	1	lamath	13c. CTTY, TOWN	MORLOCATION math Falls		ET AND HUMBER	HC 34	- Box 75P
5	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS D (Specify No	ECEDENT OF HISP o or Yes - If yes, so werto Rican, etc.)	PANIC ORIGIN? Secily Cuber,	15. RACE American I Black, White, etc. (5	Specify) (S)	secify only highe	'S EDUCATION st grade completed!
6	□Y## ØNO	97601	Specify:	1		White		10	12) College (14 or 5+)
PARENTS	Willian	n John C		na mother named Marion	ME Time middle Ruth Wort	naiden hen		dy Corb	ett / Wife
DISPOSITION	<b>.</b> .	DISPOSITION   N	1	20b. PLACE OF Dr other place)	SPOSITION (Name of cer Eternal Hi	netery, crematory, or	20c. LOCATION -	City or Town, S	tale
7	Donation 🗆 C	Other (Specify)			Memorial G	ardens			ls, Oregon
8	21a. SKINATURE C PERSON ACT	DEFUNERAL SERV MG AS SUCH	ICE LICENSEE OF		(Of Licensee)	22. NAME, ADDRES			I Home, Inc.
9	23. DATE FILED (A	MOOD Y		and	3409	1945 Main		n Falls,	OR. / 97601
REGISTRAR	<u> </u>		OCT 3:			Lucly	medin	was	
$\bigcirc$	f	. REPRESENTATIVE INO (XINA	MAKE REQUEST	FOR ANATOMICAL	L GIFT CONSENT?	26. WAS GIFT MA	HD X3N/A		
<b>\</b>	)	\$753 <b>5</b> 855			1000				
11	27. TIME OF DEAT		ED BY CERTIFYIN		3	TO BE	316. DATE PHON		(AMINER (Month, Day, Year, Hour)
			Day -				.		
	2045		es No	e time, date, place :	and 3	On the bests of ex	amination andry im	estination in m	
CERTIFIER				e time, date, place :	and 3	2. On the besis of ex at the time, date, p (Signature)	amination and/or Implace and due to the	restigation, in my cause(s) and my	opinion death occurred anner stated.
-	9. To the best of due to the cau (Signature)		ith occurred at the	e time, date, place			· .	restigation, in my cause(s) and my	
CERTIFIER	79. To the best of due to the cau (Signature)	my krowledge, dea sersy and manner a Value of the control of the property of the control of the	th occurred at the teted.	75		(Signature)	· .	restigation, in my cause(s) and my	opinion death occured inner stated.
-	9. To the best of due to the cau (Signature) 130. OATE SIGNED 130. NAME, TITLE, 131. Robert	my krowledge, dealers and manner a	30 /5 OF CERTIFIERM	195 NEDICAL EXAMINEI / 2610 L	R (Type or Print) Jhrmann Roa	(Signature)  3. DATE SIGNED (Mo	nth, Day, Year)		opinion death occured inner stated.
12 13 14	9. To the best of due to the cau (Signature) 130. OATE SIGNED 130. NAME, TITLE, 131. Robert	my krowledge, dealers and manner a	30 /5 OF CERTIFIERM	795 REDICAL EXAMINER	R (Type or Print) Jhrmann Roa	(Signature)  3. DATE SIGNED (Mo	nth, Day, Year)		opinion death occured inner stated.
12	O. DATE SIGNET  D. DATE SIGNET  D. DATE SIGNET  D. NAME, TITLE,  RODE T T.  D. NAME OF ATT	Month, Day, Year)  ADDRESS AND ZIF  F. BOH IN  TENDING PHYSICIA  AUSE LENTER ONL	30 /5 OF CERTIFIERM OF OTHER THAN	195 REDICAL EXAMINER / 2610 L N CERTIFIER (Type	R (Type or Print)  Thir mann Roa or Print)  AND (CL) Do not enter	a DATE SIGNED (Mo	ath Fall	s, Orec	county  COUNTY  3 On / 97601
12	To the best of due to the cau (Signeture)  SGL DATE SIGNED  SGL DATE SIGNED  TO ANAME OF ATT  SGL IMMEDIATE C.	Month, Day, Year)  ADDRESS AND ZIF  F. BOH IN  TENDING PHYSICIA  AUSE LENTER ONL	30 15 OF CERTIFIERM OR NIF OTHER THAN	195 REDICAL EXAMINER / 2610 L N CERTIFIER (Type	R (Type or Print) Jhr mann Roa or Print) L AND (CL) Do not enter	Signature)  DATE SIGNED (Mo	ath Fall	s, Orec	opinion death occurred vivial saled.  COUNTY  JOIN / 97601
12	TO the peat of due to the cau of	AUSE (ENTER ONE	30 15 OF CERTIFIERM OF OF CERTIFIERM OF OTHER THAN ENGLOSE PE	195 REDICAL EXAMINER / 2610 L N CERTIFIER (Type	R (Type or Print)  Thir mann Roa or Print)  AND (CL) Do not enter	a DATE SIGNED (Mo	ath Fall	s, Orec	county  COUNTY  COUNTY  Joh / 97601  Internal between onset and death  John Alba Internal between onset and death  John Alba Internal between onset and death
12	To the peat of due to the case of the case	ADDRESS AND ZIE  F. BO In  TENDING PHYSICIA  AUSE (ENTER ONE  R AS A CONSEQUE  R AS A CONSEQUE	30 15 OF CERTIFIERM OF IN MD N IF OTHER THAN EXPLICATE CAUSE PE MALL CLA ENCE OF:	195 REDICAL EXAMINER / 2610 L N CERTIFIER (Type	R (Type or Print)  Thir mann Roa or Print)  AND (CL) Do not enter	Signature)  Date Skined (Mo  Ad / Klam  mode of dying, e.g. C.  Actor Tools	nth. Day, Year)  ath Fall	s, Oreg	coinion death occurred noter at later.  COUNTY  30 n / 97601  Internal between onset and death  Internal between onset and death  Internal between onset and death
12	CO. IMMEDIATE C.  DUE TO, O.  DUE TO, O.  DUE TO, O.  DUE TO, O.  PART (d)  DUE TO, O.  PART (d)  CONDICTOR SIGNERS  TOTHER SI	ADDRESS AND INF F. BO'N RENDERS AND INF RENDERS AND IN	30 , 15 OF CERTIFIERM OF THE THAT  ENCE OF:  ENCE OF:	1755 1 2610 L 1 2610 L N CERTIFIER (1700 ER LINE FOR (AL (B))	R (Type or Print)  Thir mann Roa or Print)  AND (CL) Do not enter	Signature)  DATE SIGNED (Mo  Ad / Klam  mode of dying, e.g. C  A eta to log  to the death?	nth. Day, Year)  ath Fall	s, Oreg	county  COUNTY  COUNTY  Joh / 97601  Internal between onset and death  John Alba Internal between onset and death  John Alba Internal between onset and death
12	To the peat of due to the cau of	TO TO MEDICAL DESCRIPTION OF THE PROPERTY OF T	30 15 POF CERTIFIERM E. M.	ARDICAL EXAMINED / 2610 L A CERTIFIER (1790  IR LINE FOR (AL (b) L L L L L L L L L L L L L L L L L L L	R (Type or Print) In mann Roa or Print) I. AND (ES) Do not enter Can Can La 12— use given in PART L.	Signature)  DATE SIGNED (Mo  A d / Klam  mode of dying, e.g. C  Metay Toole behavior use to the death?  JO No C J	nth. Day, Year)  ath Fall  Cerdiac or Respirator  contribute  Probably Unknown	s, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	COLUMN TO THE DEST OF COLUMN TO THE CASE OF CA	TO TO WHOCH THE STATE OF THE ST	30 15 OF CERTIFIERM OF IN MD N IF OTHER THAN ENCE OF: ENCE OF: ENCE OF: IMMONIA, Day, INDATE OF IN IMMONIA, Day,	ARDICAL EXAMINED / 2610 L A CERTIFIER (1790  IR LINE FOR (AL (b) L L L L L L L L L L L L L L L L L L L	R (Type or Print) Jhir mann Roa or Print)  I AND (EU) Do not enter Concern La (L- use given in PART L.  OP 41G. INJURY Y 41G. INJURY	Signature)  DATE SIGNED (Mo  A d / Klam  mode of dying, e.g. C  Metay Toole behavior use to the death?  JO No C J	nth. Day, Year)  ath Fall  ardiac or Respirator  contribute 38  Probably	s, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	TO The best of due to the cau (Signature)  LODI. DATE SIGNED  LODI. DA	TO TO WHOCH THE SENTENCE OF TH	30 15 OF CERTIFIERM OF IN MO OF CAUSE PE MALL COL ENCE OF: ENCE OF:  ATE DATE OF IN (Month, Day, d d d d d te, PLACE OF	REDICAL EXAMINER  A 2610 L  A CERTIFIER (Type  ER LINE FOR (al. (b)  An the underlying ca  LURRY 41D, TIME C.  LURRY 41D, TIME C.  INJURY All home	IR (Type or Print)  I'm mann Roa or Print)  I. AND (ES) Do not enter Can Can 14-  Use given in PART I.  OP 41G. INJURY Y  AT WORK?	Signature)  DATE SHONED (Mo  Ad / Klam  mode of dying, e.g. C.  Acto Topics  St. Did bhacco use to the death?  If the []  No []  And DESCRIBE HO	ath Fall  contribute 38  Probably Unknown CURR	s, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	SA. IMMEDIATE C.  ART CHER SIGNED  SO. MANNER OF ATT  SO. IMMEDIATE C.  ART (a)  DUE TO, O'  CART CHER SIGNED  SO. MANNER OF ATT  ON TO, O'  ART (CHER SIGNED  SO. MANNER OF OF  O'  ART CHER SIGNED  SO. MANNER OF  O'  O'  O'  O'  O'  O'  O'  O'  O'	AUSE (ENTER ONL)  R AS A CONSEQUE  RAS A CONSE	30 15 OF CERTIFIERM OF IN MO OF CAUSE PE MALL COL ENCE OF: ENCE OF:  ATE DATE OF IN (Month, Day, d d d d d te, PLACE OF	INJURY   415. TIME C. YORK	IR (Type or Print)  I'm mann Roa or Print)  I. AND (ES) Do not enter Can Can 14-  Use given in PART I.  OP 41G. INJURY Y  AT WORK?	Signature)  DATE SHONED (Mo  Ad / Klam  mode of dying, e.g. C.  Acto Topics  St. Did bhacco use to the death?  If the []  No []  And DESCRIBE HO	ath Fall  contribute 38  Probably Unknown CURR	s, Oreg	county  COUNTY  30 n / 97601  Internal between onset and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	TO The Dest of due to the Case (Signature)  COL DATE SIGNED  SOL DATE SIGNED  SOL DATE SIGNED  SOL DATE SIGNED  ANAME OF ATT  COL DATE TO COL  COL  COL  COL  COL  COL  COL  COL	AUSE (ENTER ONL)  THE CONTROL OF THE	30 /5 P OF CERTIFIERM POR CAUSE PE CALL CAL NICE OF:  ENCE OF:  ENCE OF:  ATA DATE OF IN IMORITA, Day, Id  ATA DATE OF IN Uniting of  The PLACE OF IN Uniting of  The PLACE OF IN IMORITA, Day, Id  THE PLACE OF IN IMORITA, DAY, IMORITA, DAY, IMOR	INTERIOR CONTROL OF THE INTERIOR OF THE INTERI	IR (Type or Print)  Jhr mann Roa or Print)  I. AND (ES) Do not enter Can Can 14—  Use given in PART I.  V 41G. INJURY Y AT WORK?  M □ Yes @No	Signature)  A DAYE SHONED (Mo  A d / Klam  mode of dying, e.g. C  A 27 To C  ST. Did bobacco use to the death?  If the III  AND III  AND III  AND III  AND DESCRIBE HO	ath Fall  contribute 38  Probably Unknown CURR	s, Oreg	county  COUNTY  30 n / 97601  Internal between onset and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	TO The Dest of due to the Case (Signature)  COL DATE SIGNED  SOL DATE SIGNED  SOL DATE SIGNED  SOL DATE SIGNED  ANAME OF ATT  COL DATE TO COL  COL  COL  COL  COL  COL  COL  COL	AUSE (ENTER ONL)  THE CONTROL OF THE	30 15 OF CERTIFICATION OF CAUSE PE MALL CAUSE ENCE OF: ENCE OF: ENCE OF: ENCE OF: ENCE OF: CONS.  41a. DATE OF IN (Monin, Day, dd) 41a. PLACE OF building el	INTERPRETATION OF THE KLAMATH CO	A (Type or Print)  Jhr mann Roa or Print)  L AND (SJ) Do not enter  L AND (SJ) Do not enter  AT WORK?  M	Signature)  DATE SIGNED (Mo  Ad / K1 am  Mode of dying, e.g. C  A ethal to be count  Signature  Att. LOCATION (S)  ATT. LOCATION (S)  FFICIALLY  R.	ath Fall  contribute 38  Probably Unknown CURR	s, Oreg	county  COUNTY  30 n / 97601  Internal between onset and death
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	TO The Deat of due to the Casu (Signature)	AUSE (ENTER ONL)  R AS A CONSCOUL  R AS	30 15 OF CERTIFIERM E. R. MD N IF OTHER THAN E. R. MD E. M. ME CAUSE PE MALL CLA ENCE OF: ENCE OF: ENCE OF: ENCE OF: ONIS.  41E. DATE OF IN IMONIA, Day, d 41E. PLACE OF Duilding et  CT REPRODU FICE OF THE	INTERPRETATION OF THE KLAMATH CO	IR (Type or Print)  In mann Roa or Print)  I. AND (ES) Do not enter Can Can 14—  Use given in PART I.  V 41G. INJURY Y AT WORK?  M □ Yes @No	Signature)  DATE SIGNED (Mo  Ad / K1 am  Mode of dying, e.g. C  A ethal to be count  Signature  Att. LOCATION (S)  ATT. LOCATION (S)  FFICIALLY  R.	ath Fall  contribute 38  Probably Unknown CURR	s, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death Inter
12  13  14  COPUDITIONS WHEN AINY CAUSE OF DEATH	TO The Deat of due to the Case (Signature)	AUSE (ENTER ONL)  R AS A CONSCOUL  R AS	30 15 OF CERTIFIERM E. R. MD N IF OTHER THAN E. R. MD E. M. ME CAUSE PE MALL CLA ENCE OF: ENCE OF: ENCE OF: ENCE OF: ONIS.  41E. DATE OF IN IMONIA, Day, d 41E. PLACE OF Duilding et  CT REPRODU FICE OF THE	INTERPRETATION OF THE KLAMATH CO	A (Type or Print)  Jhr mann Roa or Print)  L AND (SJ) Do not enter  L AND (SJ) Do not enter  AT WORK?  M	Synature)  A DATE SHONED (Mo  A	ath Fall ardiec or Respirator contribute  30 Probably Unknown Treet and Number or JANEET BALLEY COUNTY REG	S, Oreg	county  COUNTY  30 n / 97601  Internal between onset and death
12 13 14 COPPINIONS WHICH GAVE HISE TO HISE TO CAUSE OAUSE OAUSE OAUSE TO DIATH  15 16 17	TO the best of due to the cau (Signeture)	ADDRESS AND ZIF F. BO h IN FENDING PHYSICIA  AUSE (ENTER ONE  R AS A CONSCOUL  BRIFECANT CONDITION  CONTRIBUTION OF CONTRIBUTION	30 15 OF CERTIFIERM E. N. M. M. IF OTHER THAN E. N. M. M. IF OTHER THAN E. N. M.	INTERPRETATION OF THE KLAMATH CO	IR (Type or Print)  Jhr in ann Roa or Print)  I AND (EL) Do not enter Concar for [A]  Use given in PART L  Use given in PART L  OP 41c. INJURY Y  AT WORK?  M	Synature)  A DATE SHONED (Mo  A	ath Fall  ath Fall  ardiac or Respirator  contribute 38  Probably Unknown  WINJURY OCCURR  JANET BALLEY, COUNTY REG  LAMATH COUNTY	S, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death Inter
12 13 14 COPPINIONS WHICH GAVE HISE TO HISE TO CAUSE OAUSE OAUSE OAUSE TO DIATH  15 16 17	TO The Deat of due to the Case (Signature)	ADDRESS AND ZIF F. BO h IN TENDING PHYSICIA  AUSE (ENTER ONE  R AS A CONSCOUL  BRIFFICANT CONDITION  CONTRIBUTION OF CONTRIBUTION  CONTRIBUTION  DEATH Pending Investigation Industry Investigation Industry Investigation Industry Investigation Industry Investigation Incomplete Investigation Incomplete Investigation Incomplete Inco	30 15 OF CERTIFIERM E. N. M. M. IF OTHER THAN E. N. M. M. IF OTHER THAN E. N. M.	INTERPRETATION OF THE KLAMATH CO	A (Type or Print)  Jhr mann Roa or Print)  L AND (SJ) Do not enter  L AND (SJ) Do not enter  AT WORK?  M	Synature)  A DATE SHONED (Mo  A	ath Fall  ath Fall  ardiac or Respirator  contribute 38  Probably Unknown  WINJURY OCCURR  JANET BALLEY, COUNTY REG  LAMATH COUNTY	S, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death Inter
12 13 14 COPUPITIONS WHICH GAVE RISE TO CAUSE OF DIATH  15 16 17 TAUST OF T	TO the best of due to the cau of due to the cau of the	TY OF KL	30 15 OF CERTIFIERM en, MD NIFOTHER THAN ENCE OF: ENCE OF: ENCE OF: ENCE OF: CT REPRODUCTIOE OF THE CT 31  AMATH:	INTERPORT OF THE LAND OF THE L	IR (Type or Print)  Jhr in ann Roa or Print)  I AND (EL) Do not enter Concar for [A]  Use given in PART L  Use given in PART L  OP 41c. INJURY Y  AT WORK?  M	Synature)  A DATE SHONED (Mo  A	ath Fall  ath Fall  ardiac or Respirator  contribute 38  Probably Unknown  WINJURY OCCURR  JANET BALLEY, COUNTY REG  LAMATH COUNTY	S, Oreg	COUNTY  COUNTY  On / 97601  Interval between onest and death Inter
12 13 14 COPUPITIONS WHICH GAVE RISE TO CAUSE OF DIATH  15 16 17 TAUST OF T	TO the best of due to the cau of due to the cau of the	TY OF KL	30 15 OF CERTIFIERM en, MD NIFOTHER THAN XONE CAUSE PE MALL CAU ENCE OF: EN	INTERPLET IN THE CONTROL OF THE KLAMATH COORIGINAL WITH LAND CORRECTION OF THE KLAMATH COORIGINAL WITH COORI	A (Type or Print)  Jhrmann Roa or Print)  L AND (CJ) Do not enter  L AN	Signature)  A d / K1 a m  a d / K1 a m  mode of dying, e.g. C  A cto y fine   C  I have continued by the con	ath Fall contribute  Service of Respirator  Contribute  Service of Respirator  Contribute  Service of Respirator  Contribute  Service of Respirator  Service of	S, Oreg	opinion death occurred where all steel.  COUNTY  GON / 97601  Interval between onset and death of the months of th
12 13 14 COPUPITIONS WITH A GOVE PISE TO THE GOVE OUTSE LAST CAUSE OF DIATH  15 16 17 TO DIATH  17 TO DIATH  15 TO DIATH  15 TO DIATH  16 TO DIATH  17 TO DIATH  18 TO DIATH  19 TO DIATH  19 TO DIATH  19 TO DIATH  10 TO DIATH	TO the best of due to the cau of due to the cau of the	TY OF KL.  Jud.  A.D., 19	30 15 OF CERTIFIERM en, MD NIFOTHER THAN XONE CAUSE PE MALL CAU ENCE OF: EN	INTERPORT OF THE LAND OF THE L	IR (Type or Print)  Jhr in ann Roa or Print)  I AND (EL) Do not enter Concar for [A]  Use given in PART L  Use given in PART L  OP 41c. INJURY Y  AT WORK?  M	Signature)  A d / Klam  ad / Klam  mode of dying, e.g. C  A eta / Klam  37. Did tebacco Les  19 the death?  19 the C  10 No C  11 LOCATION (SI  A M., AT  A M., AT	ath Fall contribute  Service of Respirator  Service of Respirator	S, Oreg	opinion death occurred where all steel.  COUNTY  GON / 97601  Interval between onset and death of the months of th
12 13 14 COPUPITIONS WITH A GOVE PISE TO THE GOVE OUTSE LAST CAUSE OF DIATH  15 16 17 TO DIATH  17 TO DIATH  15 TO DIATH  15 TO DIATH  16 TO DIATH  17 TO DIATH  18 TO DIATH  19 TO DIATH  19 TO DIATH  19 TO DIATH  10 TO DIATH	TO the best of dous to the case of dous to the case of	A.D., 19  DESTINATION OF KL.  Jud.  A.D., 19  Destination of the property of t	30 15 20 CF CERTIFIERM E. I. M.  YONE CAUSE PE MALL CLA  AND TO THER THAN  YONE OF:  ENCE OF:  ONS.  ONS.  ONS.  ONS.  The District of in  IMONIA, Day,  A  ATA. PLACE OF  District of the  CT REPRODUCTION OF THE  CT REPRODUCTION OF THE  THE DISTRICT OF THE  THE	INTERPLET IN THE CONTROL OF THE KLAMATH COORIGINAL WITH LAND CORRECTION OF THE KLAMATH COORIGINAL WITH COORI	A CTYPE OF PHIND  THE TIME IN ROC  OF PHIND  LAND (CL) DO NOT ENTER  LAND (CL)	Synature)  A DATE SIGNED (Mo  A M., ar  on Page  Bei	ath Fall contribute  Service of Respirator  Contribute  Service of Respirator  Contribute  Service of Respirator  Contribute  Service of Respirator  Service of	S, Oreg	COUNTY  COUNTY