618	Local File Numb	ber	CENTE CE Middle	R FOR HEA	OF DEAT	H	1 136	2. SEX		DEATH	(Month, Day, Year)	
[ ]	Russe		Lewis	v I Vear   4a i	DAY Inder 1 Day   6	BIRTHP	LACE (City and	Male State or fo	reign 7. DATE OF	BIRTH	6, 1995 Month, Day, Year)	
1	SOCIAL SECURITY NUM 008-22-399	9 1 73		Days Hours	Mins.	lando	lph Cer	nter,	VI July	15,	1922	
DECEDENT	WAS DECEDENT EVER U.S. ARMED FORCES?	HOSPITAL KINDS	tient DER/Out	patient DOA		sing Ho	me Decede	nt's Home	Other (Specify		UNITY OF DEATH	
	b. FACILITY NAME (II IN	of institution, give stree	t and number)		Se. CITY, TO	Ma	dford			Ja	ckson	
1	A. DECEDENTE HEHAI	LOCCUPATION	I 105 KINE	OF BUSINESS/IN	DUSTRY	<u> </u>	11. MARITAL S Never Marri	TATUS A	zarned, 12. SPOUS red,	E (II Ma	ried, Widowed)	
2	Do <u>voi</u> nas terrisa)	ne during most of worki	*9 *****	School D	strict		Marri			roth		_
, ,	Custodian  Ba RESIDENCE - STATE	E 136. COUNTY	13c. C	ITY, TOWN OR LO	CATION	$\neg$	13d. STREET	AND NUM	BER 1 Pines D	rive	•	
5	Oregon 136. INSIDE CITY 131 LIMITS?	Klamat	NAS DECEDEN	Chiloqu T OF HISPANIC O	UGIN?	5. RACE Black, V	American Indi	ian,	16 DECE	DENT'S highest	EDUCATION prade completed	-
6	LIMITS?	97624	xican, Puerto Ric ecity:	T OF HISPANIC OF It yes, specify Cu can, etc.) 29 No	Yes		Mite	[E	12		College (1-4 or 5+)	_
>	17. FATHER - NAME 1		last 18. MOT	HER NAME Firs		saiden		l .	thy Day -		nship to deceased	
PARENTS	Samuel	Day OSITION (Thausolaur	206. PL	Elizab ACE OF DISPOSIT Ner place)	eth ON (Name of cer	Roci	rematory, or	20c LOC	ATION - City or Ti	own, Stat		-
DISCOSITION	☐ Burial 🖾 Crematio	n 🗌 Removal from Sta		lamath Cr				Kla	math Fall	.s, 0	regon	_
7	□ Donation □ Other  21a. SIGNATURE OF FE PERSON ACTING			12th UCE	NSE NUMBER	1 22 NA	ME ADDRESS	AND ZIP	of facility Funeral	lome.	Inc.	
8	The objection	rs sour	n. (?	30	121	194	5 Main	- Kla	math Fal	ls, (	R 97601	_
9	23. DATE FILED (Mont	h, Pay, Year)	NOVO	8 1995		24. RE	GISTRAR'S SI		Solin	) د	Marin	_
	25. DID HOSPITAL REE	PRESENTATIVE MAKE P	EQUEST FOR AN	IATOMICAL GIFT C	NSENT7 EYES	C) NO	□ NA	26 WA	S GIFT MADE?	YES	ONO DINA	
( (	<b></b>											
10	, 1	O BE COMPLETED BY	CERTIFYING PH	rsician		******	TO BE E OF DEATH	COMPLET	ED ONLY BY MED	DEAD (	MINER Worth, Day, Year, Hour	<del>,     </del>
11	27. TIME OF DEATH 11:00	. 1	AL EXAMINER	OTIFIED?				.1				м
	29. To the best of my	knowledge, death offices and manner states	product the tire.	date, place and		32. On the	he basis of exi le time, date, p nature)	amination slace and d	and/or Investigation to the cause(s	on, in my and ma	opinion death occurre nner stated.	,
CERTIFIER	(Signature)	19	Mu	u_		•		S V	-		COUNTY	_
12	30 DATE SIGNED (M	Ionih, Day, Year)	2/05			33. DA1	E BIGNED (Mo	mn, 047.				
13	34. HAME, TITLE, AC	DORESS AND ZIP OF C	ENTIFIERMEDIC	AL EXAMINER (Ty	e or Frint)	٠		16-21	, OR 975	14		
14	Bruce E	. VanZee, MI NOING PHYSICIAN IF C	) 55 THER THAN CEI	55 Black (	ak Drive		ric	uroru	, O.C 272			_
CONDITIONS IF ANY WHICH GAVE	•	ISE IENTER ONLY ON				er mode	of dying ep	Ceruliac or	Respiratory Arres		Interval between one and death	<del>at</del>
CONDITIONS IF ANY WHICH CAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	PART (a)	en Houry's	Ligh	cis							interval between ons and death	<del>urt</del>
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR	AS A CONSEQUENCE		60/ou		٠.					and death	
<del></del>	DUE TO, OR	AS A CONSEQUENCE	OF:						,		and death	
CAUSE OF DEATH	PART (C) OTHER SIGN	USICANT CONDITIONS ontributing to death but	est mentions in the	underlying Cause	given in PART I.	37.	Old subscoo us to the death?		l l	PSY 39	It YES were landings con	independ I
15	1 # //	wone flo	1 6-1.4	u			10 May 1	Probebly Unknown	, O Yes !	No.	□Yes □No □N/A	
16	40. MANNER OF C	*		416. TIME OF	41c. INJURY AT WOF	K7 410	. DESCRIBE H	HOW INJUF	TY OCCURRED			
	☐ Natural ☐ Accident	Investigation			M 13 As 20	vo				Doute I	tumber City or Town.	States
	Suicide	Manner 41 Legal 41 Intervention	e. PLACE OF IN- building etc. (	JURY - Al home,tas Specify)	m, street, lactory,	ffice 41	I, LOCATION (	Zir it and	Mumber or note		lumber, City or Town,	
	RESERVED FOR F	REGISTRAR'S USE										
			Of	RIGINAL-VITA	L STATIST	ics c	OPY				45-2 Re	w 12/94
											-	
						i i						
munn.												STATE
Sandana Park	THIS IS A	TRUE AND EXAC	TREPROD	UCTION OF	THE DOCUM	ENT	OFFICIALI RAR	LY ·	•			
	REGISTER	RED AT THE OFF	ICE OF THE	I NOCACIAL	WOITE TE			Hen	now be	en	S !	Ş
			NOV O	8 1995					OHENRY C	OLLINS	JR.	
到诗	DATE ISSI		1707 0	- 1,7,5		100			COUNTY I	REGIST UNTY.	TAR DREGON	
eroxi Ti	1				12 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		electronic et al.	errancia		Thistie		
	1000	CONTRACTOR PROPERTY.	HILL COLUMN	THE RESERVE OF THE PARTY OF THE	The state of the s	****			<b>CANDESCRIPTION</b>	Wildings (S)	Philips Confederation of the Assessment	

Bernette Muelle of <u>Deeds</u>

FEE \$10.00 Return: Dorothy Day 37729 Plehn Pines Dr Chiloquin, OR 97624