PRINT IN PERMANENT BLACK INK	LD. TAG NO. CENTER FOR HEALTH STATISTICS 138.							٦
	Local File Num			IFICATE OF DE	ATH		le File Number	H (Month, Day, Year)
<u> </u>	1. DECEDENT'S First	r	Middle Veronci	ia WERN	TED	Female	1	29, 1995
′ `	4. SOCIAL SECURITY NU	Margaret UMBER 5a AGE Last Bi		ear 5c. Under 1 Day		oity and State or Foreign	7 DATE OF BIRT	H (Month, Day, Year)
	543-20-6847		88 Mos Days	_ ii	Bonnie,	Illinois	July 26,	1907
DECEDENT	8 WAS DECEDENT EVER U.S. ARMED FORCES?	HOSPITAL CI	patient ER/Outpatler		F DEATH (Check	only one) Decodent's Home CTC	Other (Specify)	
PICTOEN	9b. FACILITY NAME (If r				TOWN, OR LOCAT		9d. C	OUNTY OF DEATH
1	Klamath Regi	ional Rehabi	ilatation Ce	nter Klo	math Fall	S	KI	amath
2	10e. DECEDENT'S USUA (Give kind of work do Do not use retired.)	one during most of work		BUSINESSANDUSTRY	Neve Divor	ITAL STATUS - Marrie W Married, Widowed, reed (Specify)		
3	Homemal	_ **	Own H		Wide	owed	Dave We	mer
4	Oregon	Klamati		own on Location ath Falls	136 616	neet and number 200 Úpham		
5					15. RACE America Black, White, etc.		16. DECEDENT'S Specify only highest	EDUCATION grade completed)
6	1.		I. WAS DECEDENT OF I pecify No or Yes - If yes lexican, Puerto Rican, eli pecify:	c) Ligho Lilves	White	Eleme	ntary/Secondary (0-1	2) College (1-4 or 5+)
	17, FATHER - NAME II	97001	last 18 MOTHER	NAME first middle	maiden	19 INFORMAN	T - NAME and relate	onship to deceased
PARENTS	Orlandro	- Hale	Ethel	- (Carrol		Lindsey -	
	20a. METHOD OF DISPO	OSITION [] Mausoleur	20b. PLACE OF	F DISPOSITION (Name of ca	melery, crematory,	or 20c. LOCATION	· City or Fown, Stat	te
DISPOSITION	⊠Suriat ☐ Cremation ☐Donation ☐ Other	n CRemoval from Stat	Eternal	Hills Memoria			h Falls, C	regon
7	21a. SIGNATURE OF FU			21b LICENSE NUMBER (Of Licensee)	122 NAME ADD	RESS AND ZIP OF FA	CILITY	
8		787.1		3588	ternal 4711 Hidh	Hills Fune way 39 Klamat	h Falls, Ore	gan 97603
9	23. DATE FILED (Month	Day, Year)			24. REGISTRAR			
REGISTRAR	ĺ	DE:					monson	<u> </u>
	25. DID HOSPITAL REP		REQUEST FOR ANATOM	ICAL DIFT CONSENT?	26. WAS GIFT N	AANE? (JNO MINIA		
f '	YES UNO	KINIA		in the trible	LITES	CHO MINN		
10			ERTIFYING PHYSICIAN			BE COMPLETED ON		
11	27. TIME OF DEATH				318. TIME OF DEATH 318. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)			
.,	7:30 p	M Yes (X)	No red at the time, date, pl	ace and	32. On the basis of	M examination and/or i	nvestigation, in my o	opinion death occurred iner stated.
· CERTIFIER	(Signature)	and manner stated	and the second second	M.D.	(Signature)	e, place and due to v	er censels) and men	
	nork 1	levela	MD.		33. DATE SIGNED	(Month, Day, Year)		COUNTY
12	30. DATE SIGNED (MO)	- 1						
12	16/11/	RESS AND ZIP OF CER	RTIFIER/MEDICAL EXAM	IINER (Type or Print)				4
'	34. NAME, TITLE, ADD					07001		
14	ii Mark Turp	en M.D. 2800	Daggett AVE	enue Klamain r Type or Printi	alls, Ore	gon 97601		
CCHIDITIONS	Mork Turp	NNG PHYSICIAN IF OT	HER THAN CERTIFIER (Type or Print)				
WHICH GEZE	Mork Turp	E LENTER ONLY ONE	CAUSE PER LINE FOR (Type or Print) a), (b), AND (c).) Do not enfe			tory Arrest.	Interval between onset and death
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