ACK INK	167891 LD. TAG NO.	7 0		ENTER FO	LTH DIVIS R HEALTH	ION STATIS				٦
Į	Local File Numb	er l		CERTIF	ICATE OF	DEATH		State 2. SEX	File Numbe	EATH (Month, Day, Year)
	1. DECEDENT'S First			aladie dwin		HEYNE	•	Male	Februa	ry 15, 1996
,	ASOCIAL SECURITY NUM 543-30-9898		Birthday	5b. Under 1 Year	Hours Min	Ki	implace (City and Internal Parameter Fa	lls, OR	1	y 6, 1914
	AWAS DECEDENT EVER III U.S. ARMED FORCES?				Class OTHE	R []Numino	TH (Check only only of thome OKDeced	ent's Home 🗆 C	Nher (Specify)_	
DECEDENT	ON EACH ITY NAME (II no	t institution, give	street and n	ER/Outpatient	96	CITY, TOWN	OR LOCATION	OF DEATH		Klamath
	9318 St. And	drews Ci	rcie		SINESSANDUSTRY	Kiama	th Falls	STATUS - Marrie	NO. 12. SPOUSE	(If Married, Widowed)
	10s. DECEDENT'S USUAL (Give kind of work done Do not use retired.)	occupation e furing most of w	rorking life.				Marri	med, Widowed, Specify)	Helen	J. Cheyne
	Rancher/Dev			Potatoe/	VN OR LOCATION		13d STREET	AND NUMBER		1-
	134 RESIDENCE - STATE Oregon	Klama	th	Klam	ath Falls	T15 B	CE American In	St. And		NT'S EDUCATION phesi grade completed)
5	13e. INSIDE CITY 13t. LIMITS?	ZIP CODE	14, WAS D (Specify N	ECEDENT OF HIS to or Yes - If yes, Puerto Rican, etc.)	SPANIC DHIGHY Specify Cuban. Light Des	Blac	k, White, etc. (Sp	ecity) Eleme	Specify only in	y (0-12) College (1-4 or 5 -
à	□YesXINO !	97603	Specify:	18. MOTHER - N			White	19. INFORMAN	IT - NAME and	relationship to deceased
PARENTS	17. FATHER - NAME (IN		lasi	France	s White			Helen .	J. Chey	ne Spouse
المراهبهي	204. METHOD OF DISPO	SITION Maus	oleum	1 other place	DISPOSITION (Net			1		s, Oregon
DISPOSITION	Donation COther (	Specifyt		1	Hills Ha	ven of	Kest	i		
7	218 SEPRATURE OF FU	HERAL SERVICE	LIVE WSEE C	DA A	21b. LICENSE NU (Of Licensee	WBER 22	NAME, ADDRES	Funeral	Chapel	ills, OR 97601
8	Vanus	DZ	سعي		CO-357		REGISTRAR'S S		7 .	,
9REGISTRAN	DATE FILED (Month		FEB	2 0 1996			July	$\sim \mathcal{A}$	imore	200
	25. DID HOSPITAL REP	RESENTATIVE MA	KE REQUES	ST FOR ANATOM	ICAL GIFT CONSE	NT? 26	WAS GIFT WAS	DE? GNO []NIA		
	TYES X NO	□N/A				Z				
10	_	BE COMPLETED	BY CERTIF	YING PHYSICIAN		- 319	TO BE	COMPLETED O	NLY BY MEDIC RONOUNCED D	EAD (Month, Day, Year, Ho
11	27. TIME OF DEATH		X.v.	MINER NOTIFIED				1		to the coining death occur
	3:45 P  29. To the best of my to the cause(s)	knowledge, death	occurred at	the time, date, pla	ace and	32.0	On the basis of en it the time, date, Signature)	ramination and/o place and due to	o the cause(s) a	in my opinion death occur nd manner stated.
CERTIFIER	(Signature)	4			M.D					
	1 -							Tay Year		COUNTY
10	30. DATE SIGNED (MO						DATE SIGNED IM	onth, Day, Year)		COUNTY
12	34, NAME, TITLE, ADD	DRESS AND ZHE	F CERTIFIE	. 2610	Ollimann	33. (		h Falls,	Oregon	
13	34 NAME, TITLE, ADE ROBERT F. 35 NAME OF ATTENI	DRESS AND ZHO Bohnen DING PHYSICIAN	M.D IF OTHER T	RIMEDICAL EXAM 2610  HAN CERTIFIER (	Type or Print)	Road	Klamat	h Falls,		97601
13 CONDITION IF ANY WHICH GAN	34. NAME, TITLE, ADD ROBERT F. 35. NAME OF ATTENI 36. IMMEDIATE CAUS	DRESS AND ZHO Bohnen DING PHYSICIAN SE (ENTER ONLY	M.D  IF OTHER T	RMEDICAL EXAM  2610  HAN CERTIFIER (	(Type or Print)	Road	Klamat	h Falls,		97601  Interval between o and death  I must his
13 CONDITION IF ANY WHICH GM RISE TO IMMEDIAT	34. NAME, TITLE, ADI Robert F. 35. NAME OF ATTENI 36. IMMEDIATE GAUS	DRESS AND ZAPO Bohnen DING PHYSICIAN	M.D  IF OTHER T  ONE CAUSE	RMEDICAL EXAM  2610  HAN CERTIFIER (	Type or Print)	Road	Klamat	h Falls,		97601
13 CONDITION IF ANY WHICH GA RISE TO BAMEDIAN	34. NAME, TITLE, ADD ROBERT F. 35. NAME OF ATTENI  36. IMMEDIATE CAUSE  E PART (a)  DUE TO, OR A	DRESS AND ZAPE  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  Large  SS A CONSEQUENT	ONE CAUSE	RMEDICAL EXAM  2610  HAN CERTIFIER (	(Type or Print)	Road	Klamat	h Falls,		97601  Interval between o and death //3 man. *\forall streen o and death  Interval between o and death
CONDITION IF ANY WHICH GAM RISE TO "MARIEDAN" STATING TO "CAUSE STATING TO CAUSE IA	34. NAME, TITLE, ADI Robert F. 35. NAME OF ATTENI SE  SE  PART (a)  DUE TO, OR A  OUE TO, OR A	DRESS AND ZAPO Bohnen DING PHYSICIAN	ONE CAUSE	RMEDICAL EXAM  2610  HAN CERTIFIER (	(Type or Print)	Road	Klamat	h Falls,	oiratory Arrest.	interval between of and death interv
CONDITION IF ANY WHICH GA RISE TO HAMEDIAT CAUSE STATING TI LIMPERLYM	34. NAME, TITLE, ADE Robert F. 35. NAME OF ATTENI  SE PART  (A)  DUE TO, OR A  (C)	DRESS AND ZIP OF THE PROPERTY	ONE CAUSE ONE CA	RMEDICAL EXAM	(Type or Print)  (a). (b). AND (c) I Do  Lift Au	Road Road	Klamat  ode of dying, e.g.  37. Did tobacco u to the death?	h Falls,  Cardiac or Response contribute	38. AUTOPS	interval between o and death  Is many this  Interval between o and death
13	34. NAME, TITLE, ADE Robert F. 35. NAME OF ATTENI  SE PART  (A)  DUE TO, OR A  (C)	DRESS AND ZW  B SAND Z	OF CERTIFIE  M. D  IF OTHER T  ONE CAUSI  ONE COF:  NCE OF:  DNS.  THE TOTHER T  ONE CAUSI  ONE CAUSI  ONE COF:	RIMEDICAL EXAM. 2610  HAN CERTIFIER ( E PER LINE FOR (	(a), (b), AND (c) (c)  ANTA ANTA	Road Road Anot enter m	Klamat  Klamat  37. Del tobacco t to the dealin?	Cardiac or Response contribute	38. AUTOP:	interval between o and death  Is many this  Interval between o and death
CAUSE LA	SI, NAME, TITLE, ADI ROBERT F.  35, NAME OF ATTENI SI	DRESS AND 28 OF THE PROPERTY O	OF CERTIFIE  M. D  IF OTHER T  ONE CAUSI  ONE CAUSI  L  ONE OF:  NCE OF:  NCE OF:	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR (  CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (   CAN THE PER LINE FOR (    CAN THE PER LINE FOR (    CAN THE PER LINE FOR (    CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (     CAN THE PER LINE FOR (      CAN THE PER LINE FOR (      CAN THE PER LINE FOR (      CAN THE PER LINE FOR (       CAN THE PER LINE FOR (       CAN THE PER LINE FOR (       CAN THE PER LINE FOR (        CAN THE PER LINE FOR (	(a), (b), AND (c) (c)  ANTA ANTA	Road Road	Klamat  Klamat  37. Del tobacco t to the dealin?	h Falls,  Cardiac or Responses contribute	38. AUTOP:	interval between o and death  Is many this  Interval between o and death
13	34. NAME, TITLE, ADI ROBERT F. 35. NAME OF ATTENI WE 36. IMMEDIATE CAUS PART (A) DUE TO, OR A  (b) DUE TO, OR A  (c) PART (C) PART (THER SIGN) II CONCINIONS CON	DRESS AND ZW  DRESS AND ZW  BOHNEN  BO	ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE OF:  NCE OF:  ONS  THE TREE OF	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR (  CHAPTER (	(a) (b) AND (c) (b) AND (c) (c) AND (c) (d) AND (c) (d	Road  And enter m  MART I.  INJURY AT WORK?	Klamat  Standard of dying, e.g.  37. Del tobacco to the death?  the Standard of the death?  Ald, DESCRIBE	Cardiac or Responses contribute  Probably  Unknown	38. AUTOPE	Interval between o and death  Imerval between o and death  Interval between o and death
13	SI, NAME, TITLE, ADE Robert F.  30, NAME OF ATTENI SI	DRESS AND 28 OF THE PROPERTY O	ONE CAUSE  M. D  IF OTHER T  ONE CAUSE  L  ACE OF:  NCE OF:  A12 DATE: [Monif d]	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR (  CHAPTER (	(a) (b) AND (c) (b) AND (c) (c) AND (c) (d) AND (c) (d	Road  And enter m  MART I.  INJURY AT WORK?	Klamat  Standard of dying, e.g.  37. Del tobacco to the death?  the Standard of the death?  Ald, DESCRIBE	Cardiac or Responses contribute  Probably  Unknown	38. AUTOPE	interval between o and death  Is many this interval between o and death
13	34. NAME, TITLE, ADI ROBERT F. 35. NAME OF ATTENI WE 36. IMMEDIATE CAUS PART (A) DUE TO, OR A  (b) DUE TO, OR A  (c) PART (THER SIGN CONDITIONS CON  40. MANNER OF DE  (d) Likesturiant  Suicide  Homicide	DRESS AND 289  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  Lagge  SA CONSEQUE)  FICANT CONDITX  AND A CONSEQUE  FICANT CONDITX  BAS A CONSEQUE  BA	ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE COF:  ONE OF:  ATA DATE:  [Mon!]  ATA DATE:  [Mon!]  ATA DATE:  [Mon!]  ATA DATE:  [Mon!]  ATA DATE  [Mon!]	RIMEDICAL EXAM. 2610  HAN CERTIFIER ( E PER LINE FOR ( CAS)  LONGE  Ring in the underlyn  OF INJURY 415  10. Day, Veer)  E OF INJURY 415  THE OF INJURY A15  THE OF I	(a), (b), AND (c) D  ANTA AS  Lord As  TIME OF AIC INJURY  M C  It home, larm, street	Road  ART I.  INJURY AT WORK?  Ives Mo	Klamat  Node of dying, e.g.  37. Did tobacco is to the death?  No.  Ald, DESCRIBE is the control of the control	Cardiac or Response contribute  Privingly  Unknown  HOW INJURY OX	38. AUTOP	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI ROBERT F. 35. NAME OF ATTENI  36. IMMEDIATE CAUS  PART (A)  DUE TO, OR A  (C)  PART OTHER SIGNI Conditions con  40. MANNER OF DI LIMESTURAL SUICIDE  HOMICIDE RESERVED FOR RE	DRESS AND ZPP  BOHNEN  BOHNEN  BOHNEN  BOHNEN  BE (ENTER ONLY  Large  S A CONSEQUE  FICANT CONDITA  FICANT CONDITA  FICANT CONDITA  BOHNES  BO	ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE OF:  ONE OF	RIMEDICAL EXAM. 2610  HAN CERTIFIER ( E PER LINE FOR ( CONTROL OF THE	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Response contribute  Privingly  Unknown  HOW INJURY OX	38. AUTOP	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI ROBERT F. 35. NAME OF ATTENI  36. IMMEDIATE CAUS  PART (A)  DUE TO, OR A  (C)  PART OTHER SIGNI Conditions con  40. MANNER OF DI LIMESTURAL SUICIDE  HOMICIDE RESERVED FOR RE	DRESS AND ZW  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  Large S A CONSEQUE)  FICANT CONDITX  FICANT CONDITX  FICANT CONDITX  Large   Pending in death   Pending in vestigation   Investigation	ONE CAUSE  M.D  IF OTHER T  ONE CAUSE  ATRUE,  NIT OF TH	RIMEDICAL EXAM.  2610  IHAN CERTIFIER ( E PER LINE FOR ( CONTRACTOR)  Ring in the underly  OF INJURY 415  OF INJURY 415  OF OF INJURY A  Ing etc. (Specify)  FULL AND CC	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Response contribute  Privingly  Unknown  HOW INJURY OX	38. AUTOP	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI Robert F. 35. NAME OF ATTENI VE 36. IMMEDIATE CAUS PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART	DRESS AND ZW  Bohnen  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  La-7]  SA CONSEQUE  SA CONSEQUE  SA CONSEQUE  FICANT CONDITX  EATH  Pending to deam  Manner  Lapsi Intervantion  EGISTARTS USE  RECORDS UT	ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE OF:  ONE OF	RIMEDICAL EXAM.  2610  IHAN CERTIFIER ( E PER LINE FOR ( CONTRACTOR)  Ring in the underly  OF INJURY 415  OF INJURY 415  OF OF INJURY A  Ing etc. (Specify)  FULL AND CC	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Responses Contribute  Fritingly  Contribute  Contribute	38. AUTOPA  38. AUTOPA  CCURRED  ON FILE IN	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI ROBERT F. 35. NAME OF ATTENI  36. IMMEDIATE CAUS  PART (A)  DUE TO, OR A  (C)  PART OTHER SIGNI Conditions con  40. MANNER OF DI LIMESTURAL SUICIDE  HOMICIDE RESERVED FOR RE	DRESS AND ZW  Bohnen  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  La-7]  SA CONSEQUE  SA CONSEQUE  SA CONSEQUE  FICANT CONDITX  EATH  Pending to deam  Manner  Lapsi Intervantion  EGISTARTS USE  RECORDS UT	ONE CAUSE  M.D  IF OTHER T  ONE CAUSE  ATRUE,  NIT OF TH	RIMEDICAL EXAM.  2610  IHAN CERTIFIER ( E PER LINE FOR ( CONTRACTOR)  Ring in the underly  OF INJURY 415  OF INJURY 415  OF OF INJURY A  Ing etc. (Specify)  FULL AND CC	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Response contribute  Privingly  Unknown  HOW INJURY OX	38. AUTOP	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI Robert F. 35. NAME OF ATTENI VE 36. IMMEDIATE CAUS PART (a) 1 DUE TO, OR A  (b) DUE TO, OR A  (c) 1 OTHER SIGNI CONDITION CON	DRESS AND ZW  Bohnen  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  La-7)  IS A CONSEQUE  FICANT CONDITION  TO CONTRIBUTE TO CONDITION  IN CONSEQUE  FICANT CONDITION  Investigation  Undetermine  Manner  Lapat  Internation  FICANT CONDITION  SERVICE  HAT THIS IS  RECORDS UI  ED  FILE  FIL	ONE CAUSE ONE CAUSE ONE CAUSE ONE CAUSE ONE CAUSE ONE OF:  ATA DATE: (MONITY OF THE TAIL OF THE CAUSE  A TRUE, NIT OF THE CAUSE OF THE CAUSE ONE OF THE CAUSE O	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR ( CAS)  Ring in the underly  OF INJURY 415  I, Day, Year)  FULL AND CC  HE OREGON S	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Ress	38. AUTOP	Interval between of and death should be the should be should
13	34. NAME, TITLE, ADI Robert F. 35. NAME OF ATTENI VE 36. IMMEDIATE CAUS PART (a) DUE TO, OR A (b) DUE TO, OR A (c) PART	DRESS AND ZW  Bohnen  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  La-7]  SA CONSEQUE  SA CONSEQUE  SA CONSEQUE  FICANT CONDITY  AND  Investigation  SEATH  Investigation  Inves	F CERTIFIE M. D  IF OTHER T  ONE CAUSE LIGE OF:  NCE OF:  NCE OF:  ATRUE, NIT OF THE DUILD  A TRUE, NIT OF THE DUILD  AMAI	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR ( C. S. C. S	(a), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (c), (b), AND (c) D  (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamat  37. Did tobacco t to the dealth?  \$5400  411. LOGATION  ORIGINAL CI	Cardiac or Ress	38. AUTOPR  38. AUTOPR  COURRED  ON FILE IN  COURSON II  GISTRAR	interval between o and death  James this interval between o and death  interval between o and death  interval between o and death  Very Solve todays on determining cause of death  oute Number, City or Town
1314	SI. NAME, TITLE, ADI Robert F.  35. NAME OF ATTENI SE  SI. MAME OF ATTENI SE  SI. MAME OF ATTENI SI. MAME OF	DRESS AND ZW  DRESS AND ZW  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  LG - G  SE A CONSEQUE  SE A CONSEQUE  FICANT CONDITS  AND Pending to death  Or Pending t	ONE CAUSE ONE CAUSE ONE CAUSE ONE CAUSE ONE CAUSE ONE CAUSE ONE OF:  ATA DATE: (MONITY OF THE CAUSE ONE OF T	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR ( C. S.)  LONG  Ring in the underly  OF INJURY 415  OF INJURY 415  THE OF INJURY A15  FULL AND CC  HE OREGON S  1996  TH: SS.  Cheyne	IT THE OF THE TIME OF INJURY ME TO STATE HEALTI	Road  AART I.  INJURY AT WORK?  YES MO  Lactory.office  I DIVISION	Klamat  Standard of dying, e.g.  37. Ded tobacco to the death?  Standard of the death?  Standard of the death?  All DESCRIBE  111. LOCATION  ORIGINAL CI	Cardiac or Response Contribute  Cardiac or Response Contribute  Cardiac or Response Contribute  Cardiac or Response  Cardiac or Respons	38. AUTOP	interval between of and death should be tween of and death should be the should be
1314	SA. NAME, TITLE, ADI Robert F.  35. NAME OF ATTENI SE	DRESS AND 289  DRESS AND 289  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  Lagger  S A CONSEQUEN  FICANT CONDITY  FICANT CONDITY  FINAL CONSEQUEN  FICANT CONDITY  FINAL CONSEQUEN  FICANT CONDITY  FINAL CONSEQUEN  FICANT CONDITY  FINAL CONSEQUEN  FICANT CONDITY  FINAL CONSEQUENT  Investigation  FICANT  Pending  Investigation  Investigation  FICANT  Pending  Investigation  FICANT  FICANT	ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE CAUSE  ONE OF:  ON	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR ( CONTROLL)  Ring in the underly  OF INJURY 410,  OF OF INJURY 410,  OF OF INJURY 410,  OF O	IT THE OF THE TIME OF INJURY ME TO STATE HEALTI	Road  AART I.  INJURY AT WORK?  Ves & No  Lactory offices	Klamaf  State  37. Ded tobacco us the death?  State  411. LOCATION  ORIGINAL CI  N. Con Page	Cardiac or Results is a contribute in Probably Only Unknown HOW INJURY OF CARLES IN THE CARLES IN TH	DIRECT AIRSE  30. AUTOP:  Ves [X]  COURRED  ON FILE IN  CONFISON II  GISTRAR  the	interval between of and death should be tween of the should be tween of
1314	SA. NAME, TITLE, ADI Robert F.  35. NAME OF ATTENI SE	DRESS AND 289  Bohnen  DING PHYSICIAN  SE (ENTER ONLY  Lagge S A CONSEQUE)  FICANT CONDITY  AND Pending to death  I Pending to death  EATH  Pending to death  I Pending to death  FICANT CONDITY  FEATH  Pending to death  FEATH  Pending to death  FEATH  Pending to death  FEATH  Pending to death  FEATH  TO PENDING  TO PENDING  FINE  FINE  FINE  TY  A.D., 19	ATRUE, NIT OF THE AMAT	RIMEDICAL EXAM.  2610  HAN CERTIFIER ( E PER LINE FOR ( C. S.)  LONG  Ring in the underly  OF INJURY 415  OF INJURY 415  THE OF INJURY A15  FULL AND CC  HE OREGON S  1996  TH: SS.  Cheyne	(a), (b), AND (c)) (c), (c), (b), AND (c)) (c), (c), (d), (e), (e), (e), (e), (e), (e), (e), (e	Road  AART I.  INJURY AT WORK?  YES MO  Lactory.office  I DIVISION	Klamaf  State  37. Ded tobacco us the death?  State  411. LOCATION  ORIGINAL CI  N. Con Page	Cardiac or Results is a contribute in Probably Only Unknown HOW INJURY OF CARLES IN THE CARLES IN TH	DIRECT AIRSE  30. AUTOP:  Ves [X]  COURRED  ON FILE IN  CONFISON II  GISTRAR  the	interval between of and death should be tween of and death should be the should be