APR 10 P3:53

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DUE TO, OR AS A CONSEQUENCE OF:    DUE TO, OR AS A CONSEQUENCE OF:   DUE T	ASCIAL SECURITY HUMBER   Se. AGELasi Birinday   So. Under 1 Year   Sc. Under 1 Day   D. BIRTHPLACE (City and State or Foreign   7. DATE OF BIR   S46—06—0766   St.	5, 1996 ATH (Monin. Day, Year) ry 5, 1955  COUNTY OF DEATH  Klamath
SOCIAL SCHOOL CONTINUES OF THE CONTINUES	4. SOCIAL SCORTY NUMBER IN. ACELLAS BRITORY SO. Under Year 1. Social Score No. 1946—06—0766   Yearn 1. 1940   1940   1940   1941   1940	COUNTY OF DEATH Klamath
March   Concession   Concessi	U.S. ARMED FORCEST   Incompared   Incompar	Klamath
TO DESCRIPTION OF SECURITY OF	1807 Crest Drive    Top. Decedent's usual occupation   Top. Kind of Businessandustry   Top. Kind of Kind of Businessandustry   Top. Kind of Ki	Klamath
TO BE COMPUTED BY CERTIFICATION AND THE CONTROL OF CONT	New Married	Married, Widowed)
Machinist  Is respected state to 6000PT Oregon  Riamath Oregon  Riamath Falls  1807 Creet Drive  1808 State of 1808 State of 1808 Drive  1808 State of	Machinist Screw Machine Married Alice  13a. RESIDENCE STATE 13b. COUNTY 13c. CITY, TOWN OR LOCATION COMED 13d. STREET AND NUMBER 13d. STR	1 /
One Son Klamath Falls 1807 Crest Drive Company to University of Vision Process of Control Cont	Oregon Klamath Klamath Falls 1807 Crest Drive    136 INSIGE CITY   137, ZIP CODE   14. WAS DECEDENT OF HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OF HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT ON HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT ON HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT ON HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OR HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OR HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OR HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OR HISPANIC ORIGIN?   15. RACE American Indian,   16. DECEDENT OR HISPANIC ORIGIN?   16. DECEDENT OR HISPANIC OR HISP	Lancaster V
TO BE COMPATION BY THE STATE AND STATE OF THE STATE OF TH	13e. NSIGE CITY   13f. 2D CODE   15 year   1	TS SIN MATION
TARTER HAME ITED modes but in MOTHER HAME ITED modes and Alice Lancaster - Spouse Part In Lancaster -	17. FATHER HAME lirst middle last 18. MOTHER NAME lirst middle maiden 19. INFORMANT NAME and rel  PER 1 - Lancaster Francis - Alice Lancaster	est grade completed)
BETU _ Lancaster _ Spouse   Surficion of Discretion   Mauricianum   Surficion   Mauricianum   Mauricia	Alice Lancaster Francis - Alice Lancaster	ationship to deceased
Debut A Coversion of Demonstrate from State    Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Demonstrate from State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of Debut A Coversion of State   Debut A Coversion of State of Sta		- Spouse
DOMESTIC DESIGNATION COUNTY OF KLAMATH:    Dots: School of Death   Dea	205 METHOD OF USPOSITION   Mauriciaeum other place)	
TO BE COUNTETED INFORMATION EMANGE REQUEST FOR AMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANGE REQUEST FOR AMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANGE REQUEST FOR AMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANGE REQUEST FOR AMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANGE REQUEST FOR AMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANGE REQUEST AND ARTHUR SENSOR CONSENTATION EMANDALICAL GET CONSENT? CYCES   NO   NAME OF ARTHUR SENSOR CONSENTATION EMANDED AND ARTHUR SENSOR CONSENTATION AND ARTHUR SENSOR COUNTY OF A CONSENTATION OF A COUNTY OF A CONSENTATION OF A CONSENTATION OF A COUNTY OF	Donation Other (Specify) Eternal Hills Crematory Klamath Falls,	Oregon
TO BE COMPLETED BY CERTIFYING PHYSICIAN  TO BE COMPLETED BY MEDICAL EXAMINER ROTHERS  THE BOARD OF BASH OF BRANCH COMPLETED BY THE BOARD OF THE BASH OF BRANCH BY MEDICAL EXAMINER ROTHERS  TO BE COMPLETED BY MEDICAL EXAMINER ROTHERS  THE BE COMPLETED BY MEDICAL EXAMINER ROTHERS  TO	PRISON ACTIVICANS SUCH 1/7 (OF LICENSSEE) Eternal Hills Funeral Hon	
TO BE COMPLETED BY CERTIFYING PHYSICIAN  TO BE COMPLETED BY CERTIFYING PHYSICIAN  TO THE COMPLETE BY THE	Day 11:00	
TO BE COMPLETED BY CERTIFYING PHYSICIAN  27. TIME OF DEATH  11:40 p. ul	APR 0 9 1996	D NO YOUNG
TO BE COMPLETED BY CERTIFYING PHYSICIAN  27. TIME OF DEATH  27. TIME O	23. DIO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? LITES CINC WHAT	
27. TIME OF DEATH  11:40 p. m.   28 WAS MEDICAL EXAMINER NOTIFIED?  11:40 p. m.   12 Was MEDICAL EXAMINER NOTIFIED?  30 DATE SIGNED (Mannin, Day, Year)  31 DATE SIGNED (Mannin, Day, Year)  32 DATE SIGNED (Mannin, Day, Year)  33 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  34 NAME, TITLE, ADDRESS AND 2P OF CERTIFIER THAN CERTIFIER (Fige or Pinul)  35 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  36 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  37 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  38 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  39 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  31 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  32 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  33 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  34 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  35 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  36 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  37 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  38 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  39 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  31 NAME OF ATTENDORIS PHYSICAN IF OTHER THAN CERTIFIER (Fige or Pinul)  30 NAME OF ATT		
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27 Is to the best of my knowledge, death occurred at the time, date, place and out to the causalty are my special death of the time. Signature)  28 In the best of place and due to the causalty are murrer state. Signature)  30 DATE SCHED (Montply Tay, 1941)  31 NAME, TITLE, ADDRESS AND 21P OF CERTIFIERMEDICAL EXAMINER (Type or Final)  32 NAME OF ATTENDORY PHYSICIAN IF OTHER THAN CERTIFIER (Type or Final)  33 NAME OF ATTENDORY PHYSICIAN IF OTHER THAN CERTIFIER (Type or Final)  34 NAME OF ATTENDORY PHYSICIAN IF OTHER THAN CERTIFIER (Type or Final)  35 NAME CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR Its Oa, AND (3) Do not enter ende of dying, e.g. Cardiac or Respiratory Arrest  36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR Its Oa, AND (3) Do not enter ende of dying, e.g. Cardiac or Respiratory Arrest  36 INSTITUTE OF CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR Its Oa, AND (3) Do not enter ende of dying, e.g. Cardiac or Respiratory Arrest  37 DOE TO, OR AS A CONSECUENCE OF:  38 DOE TO, OR AS A CONSECUENCE OF:  40 DOE TO, OR AS A CONSECUENCE OF:  41 OTHER SCHEDULARY OF MURRY OF	11:40 p. M	
DUE TO, OR AS A CONSCIUENCE OF:  CASH ON THE SIGNED (Manufacture)  St. DATE SIGNED (Manufacture)  April 6, (996)  34. NAME, TITLE, ADDRESS AND 2P OF CERTIFFERMEDICAL EXAMINER (Type or Print)  ROCKEDS  FOR CONTROL  ST. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  TO LOCATION ST. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  AND AND CONTROL  XX. NAMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), QA AND (c)) Do not enter mode of dying, e.g. Cardiac or Paspiratory Arrest  I DUE TO, OR AS A CONSEQUENCE OF:  BODIE TO, OR AS A CONSEQUENCE OF:  BODIE TO, OR AS A CONSEQUENCE OF:  CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSTRUCTION ST. DATE OF SILLIFY ATTEMORY  AND CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  BODIE TO, OR AS A CONSEQUENCE OF:  CONSEQUENCE CONSTRUCTIONS  CONSTRUCTION OF THE CONSTRUCT OF TOWN OF THE CONSTRUCT O	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and numer stated.  29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and numer stated.	my opinion death occurred manner stated.
DOTIONS  OF TOOLS  OF THE COURSE AND 28P OF CERTIFIERMEDICAL EXAMINER (Type or Final)  Robert F. Bohnen M.D. 2610 Uhrmanin Road Klamath Falls, Oregon 97601  35. NAME OF ATTHOURS PHYSICIAN IS OTHER THAN CERTIFIER (Type or Final)  TO NAME OF ATTHOURS PHYSICIAN IS OTHER THAN CERTIFIER (Type or Final)  25. NAME OF ATTHOURS PHYSICIAN IS OTHER THAN CERTIFIER (Type or Final)  26. NAMEDIATE CAUSE (ENTER ONLY ONE CAUSE FER LINE FOR IAL QL AND (c)) Do not series mode of dying, e.g. Cardiac or Respiratory Arrest  27. Date to One As A Consequence of the Consequence of t	M.D. 1	
33. NAME ITTLE ADDRESS AND DP OF CERTIFIER PROJECT AND PART M. D. 2610 Unrmann Road Klamath Falls, Oregon 97601  35. NAME OF ATTENDORIS PRISCAMIFOTHER TIME CERTIFIER (Type or Print)  35. NAME OF ATTENDORIS PRISCAMIFOTHER TIME CERTIFIER (Type or Print)  35. NAME OF ATTENDORIS PRISCAMIFOTHER TIME CERTIFIER (Type or Print)  36. NAME OF ATTENDORIS PRISCAMIFOTHER TIME CERTIFIER (Type or Print)  37. NAME OF ATTENDORIS PRISCAMIFOTHER TIME CERTIFIER (Type or Print)  38. NAME OF ATTENDORIS PRINT ON THE TIME CERTIFIER (Type or Print)  38. NAME OF ATTENDORIS PRINT ON THE TIME CERTIFIER (Type or Print)  38. NAME OF ATTENDORIS PRINT ON THE DOLD IN THE TIME OF INTENT ON THE DOLD IN THE SECRET PRINT OF THE DOLD IN THE DOLD IN THE SECRET PRINT OF THE DOLD IN THE DOLD IN THE SECRET PRINT OF THE DOLD IN THE DOLD IN THE SECRET PRINT OF T	30 DATE SIGNED (MICHIEL PAY, 1941)	COUNTY
ROBERT F. Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601  3. NAME OF ATTENDING PHYSICAM IF OTHER THAN CERTIFIER (Type or Pmil)  X. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (at. (b), AND (ci) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   10 Uest to, OR AS A CONSEQUENCE OF:   Interval between or and death   I	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIERMEDICAL EXAMINER (Type of Print)	,
St. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (a), AND (c)) Do not enser mode of dying, e.g. Cardiac or Respiratory Arrest    Condition		
Chi Guyer  PART 19  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS	womans to the first the first transfer of th	
DUE TO, OR AS A CONSEQUENCE OF:    DUE TO, OR AS A CONSEQUENCE OF:	CH CAPE 35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest MEDIATE.	and death
DIE TO, OR AS A CONSEQUENCE OF:    DIE TO, OR AS A CONSEQUENCE OF:   DIE T	THIS THE DUE TO, OR AS A CONSEQUENCE OF:	Interval between onse
PART OTHER SICRIFICANT CONDITIONS.    Conditions contributed to death tust not resulting in the underlying cause given in PART I.   27. Did tobacco use contribute to the death?   18. AUTOPSY 38. IN YES were bading to the death?   18. AUTOPSY 38. IN YES were bad	USE LAST	Interval between onse
DATE ISSUED:  APR 0.9 1996  Alice Lancaster  Deformance of the security of the	cause or the control of the control	
Manural   Profiled   Manural   Manural   Profiled   Manural	DEATH PART OTHER SICRIFICANT CONDITIONS - 39. AUTOPSY 3  Online contribute to the death?  Online contribute to the death?	9. If YES were historings cores of distancing Cause of death?
APR 0.9 1996  AP	Wes Li Probably	□Yes □No □N/A
National   Principle   Princ	40. MANNER OF DEATH 41s. DATE OF BUURY 41b. TIME OF 41c. INJURY 41b. OESCRIBE HOW BUJURY OCCURRED	
Succide   Logal   Logal   Intervention   Class   Logal   Intervention   Class   Control   Control   Class   Control   Control   Class   Control	Natural Diversingsion Investigation	
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.  APR 0 9 1996  OF OREGON: COUNTY OF KLAMATH: ss.  Alice Lancaster  The local distribution of the Document of Ficially Registrar Regis	Suicide Manner  41e. PLACE OF INJURY - Althoma, farm, street, factory, office 41f. LOCATION (Street and Number or Rural Route	Number, City or Town, St.
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.  DATE ISSUED:  OF OREGON: COUNTY OF KLAMATH: ss.  Alice Lancaster  The local state of the Lancaster of the Lancaster of the Local state o		
DATE ISSUED:  APR 0 9 1996  OF OREGON: COUNTY OF KLAMATH: ss.  Alice Lancaster  Alice Lancaster  April 10 10 10 10 10 10 10 10 10 10 10 10 10		- Service
DATE ISSUED:  DATE ISSUED:  OF OREGON: COUNTY OF KLAMATH: ss.  Alice Lancaster  Alice Lancaster  Description:  Description:  Description:  Description:  Apr. 0 9 1996  MARILENE BLEVINS  COUNTY REGISTRAR  KLAMATH COUNTY, OREGON  The lancaster the lancaster  Alice Lancaster  Description:  Descript	PEGISTEDED AT THE DEFICE OF THE KLAMATH COUNTY REGISTRAM.	1182
OF OREGON: COUNTY OF KLAMATH: ss.  or record at request of Alice Lancaster the 13th	Marlene Ham	
OF OREGON: COUNTY OF KLAMATH: ss.  or record at request of Alice Lancaster the 13th	APR 9 9 1006 MARLENE BLEVINS	1210
or record at request of Alice Lancaster the 10th		
or record at request of Alice Lancaster the 10th		
or record at request of Alice Lancaster the 10th	OF OREGON: COUNTY OF KLAMATH: ss.	
or record at request of Mg6		10th
pril A.D., 19 96 at 3:53 o'clock PM., and duly recorded in vol. M96 of Deeds on Page 10081	. Alice Lancaster the	