LACK TOK			OREGON	HEALIH	DIVIS	16h~~	(D) =	. 1	0825
5 1	194716 I.D. TAG NO.	ORE					76	age	0000
	Local File Num	ber	CENTER F	OR HEALTH !	STATIST	TICS 136-			٦
\bigcirc	1. DECEDENT'S FIRST NAME OLG	3e	Middle	i i	41		SEX	3 DATE OF	DEATH (Month, Day, Year)
••	4.50CIAL SECURITY NUM 561-36-7228	ABER Sa. AGE-Last Bir			6 BURTH	PLACE CON and Sto	emale le or Foreign	Janu	Iry 17, 1996 BIRTH (Month, Day, Year)
DECEDENT	8 WAS DECEDENT EVER I	<u> </u>		Hours Mins.	Mon	roe, LA.			22, 1918
3	90. FACILITY NAME (II no	I MUSMIAL CO	tient DERVOytpatient	DOM OTHER	Nursing H	ome Decedent's	Home 🗆 Oti	her (Specify)	
· ,	5609 Blue Mou	1	Klamath Falls			ad COUNTY OF DEATH Klamath			
2 3	Do not use retired.)	during most of working	gule. 10b. KIND OF BU	SINESSANDUSTRY		11. MARITAL STATE Never Married, I Divorced (Special	JS - Marned. Nidowed,	12. SPOUSE	(If Married, Widowed)
4	Homemaker 13a. RESIDENÇE - STATE	13b. COUNTY	Own Hon	N OR LOCATION		Widowed		John	Cage
5	Oregon 13e. INSIDE CITY 131. Z	Klamath	Klamat	h Falls		5609 Blu		tain R	oad
6	l. <u>.</u> _	7601 (Spec	CAN PURITO DICES AS	YAN'C ORIGIN? Pecify Cuban, ANo □Yes	Black, W	American Indian, hile, etc. (Specify)	(Spe	16 DECEDE	NT'S EDUCATION
PARENTS	17. FATHER - NAME first	middle la	SI 18. MOTHER - NAI		Bla		Ciementa	ryrsecondar 10	(0.12) College (1.4 or 5 +)
	Jesse 20s. METHOD OF DISPOSIT	Willson ION X Mausoleum	Lela 200. PLACE OF DI	- Rodge	rs	Jo	ohnie 1	Tolliv	elationship to deceased er – Daughter
DISPOSITION 7	☐ Donation ☐ Other (Specify) ☐ Donation ☐ Donati				AUSOL EUM				
88	214 SIGNATURE OF FUNEF PERSON ACTING AS 8	AL SERVICE LICENSI	IE OH 31	LICENSE NUMBER	22. NAMI	ADDRESS AND 2	ID OF EACH	100	Oregon
9	22. DATE FILED (Month, Day, Year)				Eternal Hills Funeral Home 4711 Highway 39 Klamath Palls, Oregon 97603				
REGISTRAR	JAN 1.9 100c				24. REGISTRAR'S SIGNATURE				
	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?				18 WAS GIFT MADE!				
10	,				TYES THE THIA				
	70 BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28 WAS MEDICAL EXAMINER NOTIFIED?				TO BE COMPLETED ONLY BY MEDICAL EXAMINER 318. TIME OF DEATH 31b DATE PRONOUNCED DEAD (Month. Day, Year, Hour)				
	6:25 p. u 29 To the best of pri knowledge to the causest about	Yes No	I the time date place a			M l			
CERTIFIER	(Signatura) M.D.					 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated (Signature). 			
12	30. DATE SIGNED (Month, De	17. Year)			3. DAYE SIGI	NED (Month, Day, Y	ear)		COUNTY
13	34. NAME, TITLE, ADDRESS	AND ZIP OF CERTIFIE	R/MEDICAL EXAMINER	Type or Prints			·		
14	James F. Co.	VERT M.D. 28	00 Daggett Aver	ke,Klanath Pa	lls, Ore	gan 97601			
CONDITIONS	THE OF ATTENDING P								
WHICH GAVE RISE TO	36. IMMEDIATE CAUSE (ENT		PER LINE FOR (a) (b)						
WHICH GAVE RISE TO MMEDIATE CAUSE STRING THE	36. IMMEDIATE CAUSE JENTE	A ONLY ONE CAUSE	PER LINE FOR ISL IBL A			6. eg Cardiac or Ri	espiratory An	resi	Interval between onset and death
WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE	36. IMMEDIATE CAUSE IENTE PART (a)	A ONLY ONE CAUSE	PER LINE FOR IBL IBL A			6. eg Cerdiac or Ri	espiratory An	resi	interval between onset and death interval between onset and death
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