		CERTIFI		EALTH DIV	700	ZKA			N. C.	
	18 466	- ORE	GONH	EALTH DIV		4m96	Pag 2	4728		
IN I		Onco	LIE	ALTH DIVISION	1				7	4
BLACK INK	148045 NO.	¬ c	ENTER FO	FICATE OF DE	ATISTU	CS 138.	State	File Number		· `
	Local File Number		CEHII	Lesi		Ι.		Antil 23.	(Month, Day, Year) 1993	
1	1. DECEDENT'S FIRST NAME James		bert 50. Under 1 Yea	MORLE br 5c. Under 1 Day	S BIRTHP	LACE (City and SI	ate or Foreign	May 1, 1	(Month, Day, Year)	
	4. SOCIAL SECURITY NUMBER 541-18-4448	Se AGE Last Birthday	Mos. Days	Hours Mins.	OF SEATU	y, Oregoi)			-
	DECEDENT EVER IN	OSPITAL Dinpatient	☐ EPVOutpatient	OTHER r	lational Ho	me Decedent	s Home LION	100 0	HTAST OF DEATH	=
DICEDENT		titution, give street and r	number)	K	lamath			KA	Camath	_
∞ '——'	10a DECEDENT'S USUAL OC	ledical Cente	10b. KIND OF B	USINESSANDUSTRY		Never Marrie Divorced (Spi	s, Widowed, rcity)	Margaret	Morley	
2	Crew Dispatch	er .	Railro	own on LOCATION		Married 13d. STREET AT	ID MINIBER			
4	134. RESIDENCE - STATE Onegon	13b. COUNTY	Klama	th Falls	Lie DAC			16 DECEDENTS pecify only highest	EDUCATION grade completed)	<u></u>
5	13e. INSIDE CITY 131. 21F		DECEDENT OF I	HISPANIC ORIGIN? a, apacify Cuban, c.) IQ No 🗆 Yee	1	E American India White, etc. (Speci	Elemen	lary/Secondary (0-1	2) College (14 0) 3	+1
£ 6	- TYON 100 976	03	18. MOTHER		Whi		9. INFORMAN	NAME and relati	onship to deceased	
Y2 FAREHIS	James Ross Mo	middle iest irleu	1	Ma	llet_	cremetory, or	Margare 20c. LOCATION	t Morley .	ate	
gr.	20a. METHOD OF DISPOSIT	ION [] Mausoleum	20b. PLACE Conher pla	tte - wa of disposition (Name of ce) Hills Memore	107 170	inneno i	Klamath	Falls, O	regon	
DISPOSITIO				21b. LICENSE NUMBI (Of Licensee)	D 22 N	AME, ADDRESS	AND ZIP OF FUN	eral Home	OP 07402	:
В	□Donalion □Other (Sp. 21a, SIGNATURE OF PUNE PERSON ACTIVE AS	11111		93-49-1363	47	711 Hwy.:	sy, K.como	th falls,	OR. 97603	;
9	23. DATE FILED (Month, C	My. Year)	1002		- 1		سملب	Bobe	nsow_	:
REGISTRA			EST FOR ANATO	MICAL GIFT CONSENT?	26. \	NAS GIFT MADE				
٠		ONA COM						NLY BY MEDICAL E	XAMINER	
	[4 rot	SE COMPLETED BY CERT			31a. TI	ME OF DEATH	31b. DATE PE	SONOUNCED DEAD	(MOIIII, OP).	M
11	- 27. TIME OF DEATH	I X			32. On	the basis of exe	mination and/o	r investigation, in not the cause(s) and r	ny opinion death occ nanner stated	urred
	4 29. To the best of my kn due to the cay e(s)	M Yes No perbyge, death occurred red manner fiates.	at the time, usion	M.D.	→ (S)	gnature)			COUNTY	
CIRILL	(Signatury) 30. DATE SIGNED (Mon	Sulle	many	<u></u>	33. DA	TE SIGNED (Mor	ith, Day, Year)		COUNTY	
12	-13 4-2	6-43	EIERMEDICAL E	KAMINER (Type or Print)		th Falls	Orego	n 97601		
13					Klama	th races	, orego			
14	the second secon	ALO DELIVER LAN IF OTHER	M PERMIT OFFICE		enter mod	te of dying, e.g.	Cardiac or Res	dratory Arrest.	Interval between	
IF AN WHICH C RISE IMMED	36. IMMEDIATE CAUSI	EIENTER ONLY ONE CA	USE PER LINE FO	OR (a), (b), AND (c) CO II	,				interval between	
CAUS STATING UNDERIC	THE DUE TO OR AS	PONSEQUENCE OF:	1 17	no Live	_				Interval Deliver	ari n omet
CAUSE L		A CONSEQUENCE OF:	<u> </u>					38. AUTOPSY	70 ye	a considered
		CAUGIU V	<u> </u>	techdon cause given in PAI	et (.	37. Did tobacco us to the death?	Probably		III COMMITTEE TO SERVICE	death?
	II OTHER BRING	ICANT CONDITIONS - inibuting to death but not re	esuiting in the unc				Unknown	COURRED NO	□Yes □No □	JA/A
15	40. MANNER OF DE	^'''	TE OF INJURY	INJURY A	JURY WORK?	41d. DESCRIBE	10M INJUNI O			
17	X Natural □ Accident	Pending Investigation	1		es No	411, LOCATION	(Street)	per por ment from	2 יות ליי	own, State)
	☐ Suicide	Manner 41s. P	LACE OF INJURY uliding etc. (Spec	y - Al home,farm,street,fa (fy)	Clory,ornes			I WELL	AIV D	
	RESERVED FOR RE	GISTRAR'S USE				opicinist CE	:DTIFICATE	LAM	USE ,	September 1
The second secon	I CERTIF	THAT THIS IS A TR L RECORDS UNIT C					a ~	TIME &	v Á	4
N CHE	INE VIOL		ORI	GINAL — VITAL STA	TISTICS	COPY	hand)	plant		
		34.8	Y 0 3 199	18			EDWARD J	JOHNSON II,		一
	DATE ISS	UFD					STATE	EGISTHAH	N.	W
				N OU PRASIBLY	OIDS TH	S CERTIFICA	TAY		AND	
A service of						10 m	F. College and F.			
STATE OF	FOREGON: COUN	TY OF KLAM	ATH: SS					the	21st	
	and at request of		Ameri	Title	ock	A M	and duly	recorded in	VolM96	
	iay	A.D., 19 <u>96</u> Deeds	at11	:28 o'cl		D	14/28	· .	County Clerk	_
<u> </u>	of				By_	6 2	serneina (Lucal	<u>گ</u>
FEE S	\$10.00 Re	turn: Parks	S & Rat	liff th Street	•			Z		
1,55	•	220 I	ath Fal	1s, Oregon	9760	01				