	(1. DECEDENT'S First NAME Hattie	3	Middle May	CATE OF DEA		2.		3. DATE OF DEATH	
		4. SOCIAL SECURITY NUMBE	ER 5a. AGE - Lest Birthda (Years) 89	Sb. Under 1 Year Mos. Days			IPLACE (City and St		February 7. DATE OF BIRTH (24, 1989 Month, Day, Year)
		540-16-8625 8 WAS DECEDENT EVER IN U.S. ARMED FORCES?		<u> </u>	Sa. PLAC	TOL	ichet, Wa	101	August 2	3, 1899
	DECEDENT	9b. FACILITY NAME (If not in	HOSPITAL: Inpatient	☐ ERVOutpatient	DOA OTHER	Nursing H	Iome Deceder	ni's Home	Other (Specify)	
	1	Mtn. View C	are Center	Klama			in, or location of death ath Falls		30. 400	inty of DEATH Klamath
	2	104. DECEDENT'S USUAL OC (Give killd of work done (life. Do not use retired.)	CUPATION during most of working	10b. KIND OF BUS	INESSANDUSTRY		11. MARITAL STAT Herer Married, Divarced (Spec	rus - Married. Widowed	12. SPOUSE (II Marri	
	3	Telephone Op		I	one Utility (Ce.	Never M		-	
	4	Oregon	36. COUNTY Klamath	Klamatl	, or location h Falls		13d. STREET AND 711 Was	MUMBER	Way	
8	5	13e. INSIDE CITY 13f. ZIP	CODE 14. WAS	DECEDENT OF HISP	ANIC ORIGIN?	15. RACE	E American Indian, White, etc. (Spec		16. DECEDENT'S EDU illy only highest grad	CATION
A10:46	6	□ Yes 2000 97	603 Mexic	an, Puerto Rican, etc	:) KO No 🗆 Yes	1	hite	Elementar	ry/Secondary (0-12)	College (1-4 or 5+)
₹	PARENTS	17. FATHER - NAME list William -	middle last	18. MOTHER - HAM		maide	en 19. i		NAME and relationst	
3	DISPOSITION	20a. METHOD OF DISPOSITIO	ON [] Mausoleem	20b. PLACE OF DIS	lice Frakes	imetery, c	rematory, or 20c	elma R	eed, daugh	nter
=	7	Burlal Cremation D		, , , , , , , , , , , , , , , , , , , ,	Cemetery				n Falls, Or	egor
-3	8	21a. SIGNATURE OF FUNERA PERSON ACTING AS SU	L SERVICE LICENSEE	OR 216	LICENSE NUMBER (Of Licensee)	22. NAS	ME ADDRESS AND	21P OF FACIL	LITY	
æ	9	Merriel	0			D'Hair's Funeral Chapel, Inc. 115 Pine St., Klamath Falls, Ore. 97601				
	REGISTRAR	23. DATE FILED (Month, Day,					STRAR'S SIGNATU			
	- A CHICK	25. DID HOSPITAL REPRESE	2 7 1989 NTATIVE MAKE REQUE	ST FOR ANATOMICA	L GIFT CONSENT?	26. WAS	ancy	Bern	odey	
	()		O NIA			D.		□ N/A	U	
	10	TO BE CO	MPLETED BY CENTIEVE	CERTIFYING PHYSICIAN			YANG TELEVISION OF THE PARTY OF			
	11	27. TIME OF DEATH 25	B. WAS MEDICAL EXAM		B	a. Tinte o			Y MEDICAL EXAMINE DUNCED DEAD (Month	
]	4:11 P. M	Ge, death occurred at	lhe time, date, place	and alle	On the	M Nacis of examination	a andier laws	tastion to my sate	M
	CERTIFIER	due to the cause(s) and a	nanner stated.	M		at the t (Sign	ime, date, place as nature)	nd due to the	tigation, in my opinion cause(s) and manner	slated.
	12	30. DATE SIGNED (Month, Day	, Year)		M.D.	DATE SH	GNED (Month, Day	Year)		УТИЛ
		February 27,	1989	6	175					
	13	34 NAME TITLE ADDRESS A	NO 710 OF SECTION	eromes received				Albert .		OAT1
	13	34. NAME, TITLE, ADDRESS A	NO ZIP OF CERTIFIERA	80 Ilhemen	n Road Kl	amat)		4		
	CONDITIONS	34. NAME, TITLE, ADDRESS A	NO ZIP OF CERTIFIERA	80 Ilhemen	n Road Kl	amatl	ı Falls, O	4		
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	CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	34. NAME, TITLE, ADDRESS AI Alden Glidde. 35. NAME OF ATTENDING PHY	ND ZIP OF CERTIFIERM 11. M.D., 26 YSICIAN IF OTHER THA ONLY ONE CAUSE PER	80 Uhrman	n Road, Kl			regon	97601	between criser
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