	H-07294 I.D. TAG NO 352 Local File Num 1. DECEDENT'S First	o. Inber	CENTER F	TMENT OF HI IEALTH DIVISI FOR HEALTH TIFICATE OF I	ON STATIST DEATH		. Siai	s File Numb	
	NAME Mag	gie A	ugnes	Ţ	OM-		z.sex Female		DEATH (Month, Day, Year) 12, 1996
	238-36-316.	UMBER 54 AGE-Last Birthday (Years) 70	Mos. Days		· Court	thfield.	_	1 .	BIRTH (Month, Day, Year) CY 17, 1926
DECEDENT	8.WAS DECEDENT EVER U.S. ARMED FORCES? Dyes XDNo	HOSPITAL Despatient	☐ ER/Outpatie			f (Check only o	nt's Home 🗀 0	ter (Specify)	
1		not institution, give street and	f number)		ITY, TOWN, C	OR LOCATION C	F DEATH		9d. COUNTY OF DEATH
2	10a. DECEDENT'S USUAL	e Care Center Loccupation medicing most of storking life	106. KIND OF I	BUSINESSANDUSTRY	Klamati	n Falls	TATUS - Married	. 12. SPOUSE	Klamath
اـــــد <u>ي</u>	Homemaker		Own I	Home		Marrie	led, Widawed, peolly)	Dona	1d
m 4———	13a RESIDENCE - STATE Oregon	Klamath		own of Location math Falls		13d STREET	ND NUMBER	- -	
<u> </u>		ZIP CODE 14. WAS	DECEDENT OF H	HISPANIC ORIGIN?	IS. RACE	American India White, etc. (Spec	old Fort	16. DECEDE	NT'S EDUCATION hest grade completed)
₼ _€ (QYes □No	97601 Specify:	, Puerlo Rican, etc	C) D(No □Yes		White			(0-12) College (1-4 or 5+)
PARIMS!	Henry -	rst middle teat - Eason	Plonnie	and the state of the	Moore				elationship to deceased husband
O DISPOSITION	20s. METHOD OF DISPO	SITION Littausoleum	20b. PLACE OF other place	F DISPOSITION (Name (1917-1-17	rematory, or			
7	□ Donation □ Other (5	Specify)	The second of th	h Cremation	Servic	e	Klamat	ı Falls	, Oregon
8	PERSON ACTING A	NERAL SERVICE LICENSEE	DA .	21b. LICENSE NUMBE (Of Licensee)					me, Inc.
° 9	23. DATE ALED (Month.	Day, Year)		3607	7 %	5 Main, Sisyylans sign		Falls,	OR 97601
REGISTRAR		JUL 1	7 1996		_	Cuely	nude	mena	on
	23. DIU HUSPITAL HEPHI	NESENTATIVE MAKE REQUES	T FOR ANATOMIC	AL GIFT CONSENT? []	res 🗌 No	XINA (26. WAS GIFT I	AADE7 () YE	S II HO IX NA
10		RE COMPLETED BY CERTIFIE			No. 1974		177	: . , .	
11	TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED?				TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)				
	29. To the test of my kn	M Yes GNo rowledge, death occurred at tend marifler plated.	the time, date, pla	ice and	32. On the	basis of exami	nation and/or in	restigation, in	My opinion death occurred
CESTIFIE	(Signature)	BARAN	Sent.	>	(Signal	time, care, praci	e and due to the	Cause(s) and	manner stated.
12	30. DATE SIGNED (Mohit		TIME	2	33. DATE S	SIGNED (Month,	Day, Year)		COUNTY
13	July 15, 1	ESS AND ZIP OF CERTIFIER	MEDICAL EXAM	NER (Type or Print)		*****		·	
14	Blake D. I	Berven, MD NG PHYSICIAN IF OTHER TH	2616	Clover, Klan	ath Fa	<u>11s, OR</u>	97601		
CONDITIONS	36 IMMEDIATE CAIRS								
WHICH GAVE	av. Immediate choose is	CENTER ONLY ONE ONUSE I	ste n	WOO CURE	11/11	iying, e.g. Card	ASI	y Ariesi. Tasa)	Interval between onset and death
IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	PART (A)			1 Ar	•10	324			interval between onset and death)
WHICH GAVE	PART (A)	CONSEQUENCE OF:	18 mg . 3 mg . 3 mg	<i>M</i> トントフ		100			1 / Alake tente to
WHICH GAVE RISE TO PAMEDIATE CAUSE STUTING THE UNDERLYING GAUSE LAST	DUE TO, OR AS A (b) OUE TO, OR AS A	A CONSEQUENCE OF:		_AT-51-7	W _		<u></u>		Interval between onset and death
IF ANY WHICH GAVE RISE TO MIMEDIATE CAUSE STATING THE UNIDERLYING	PART (A) DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUENCE OF:		J(1.5/-7	37, Did	tobacco use con	dribute 30	. AUTOPSY 3	and death 9. If YES were hadings considered
WHICH GAVE RISE TO PAMEDIATE CAUSE STUTING THE UNDERLYING GAUSE LAST	PART (A) DUE TO, OR AS A (b) DUE TO, OR AS A		in the underlying	Course grape in PAST L PROBUSE SITUE TO SERVE	. 97	ve death? Vee Dept	hetely		and death
WHICH GAVE RISE TO PAMEDIATE CAUSE STUTING THE UNDERLYING GAUSE LAST	PART (a) DUE TO, OR AS A (b) DUE TO, OR AS A PART (c) TOTHER BIONIFICA PART (c) OTHER BIONIFICA PART (d) OTHER BIONIFICA OTHER BIONI	A CONSEQUENCE OF: ANY CONDITIONS OF A CONDITIONS STAJE CO	in the underlying PD CV HALURY 415. Tim	Cause gran in PART L PROBULTE SIDE TO BERN UNIT AT INCH UNIT AT INCH	13 S	ve death? Vee □ Prol No □ Unit	hetely	Yes 🔀 No	and death 9. If YES were hiddings consistend determining cause of death?
WHICH GAVE RISE TO RIMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A (b) DUE TO, OR AS A PART (c) OTHER BIONIFICA CONGROUND CONTROL OTHER BIONIFICA OTHER BIONIFICA OTHER BIONIFICA OTHER BIONIFICA OTHER BIONIFICA DIAGNAMER OF DEATH OTHER DIAGNAMER OF DEATH	A CONSEQUENCE OF: ANT CONOTIONS uting to juster hour not resulting STAJE CO H 414 DATE OF [Month, Da understrained]	ry,Year) INU	IE OF 41c. INJURY URY AT WOR	6 1 410. DE	ne desth? Nes	nown C	Yes KANO	and death 9. If YES were hindings compared determining case of data? Tres No NA
WHICH GAVE RISE TO PAMEDIATE CAUSE STUTING THE UNDERLYING GAUSE LAST	PART (a) DUE TO, OR AS A (b) DUE TO, OR AS A FOR THE REMAINER CONTROL 40. MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH BACKSON DEATH BACKSON DEATH	A CONSEQUENCE OF: ANT CONDITIONS Uting to plassic bout not requiling SV AJ L CO, H 41A DATE OF INformit, De Investigation Understanding 414. PLACE OF	ry,Year) INU	IE OF 41c. INJURY URY AT WOR	6 1 410. DE	ne desth? Nes	nown C	Yes KANO	and death 9. If YES were hiddings consistend determining cause of death?
IF ANY WHICH GAVE RISE TO HIMMEDIATE CAUSE STATING THE UNDERLYING GAUSE LAST	PART (a) DUE TO, OR AS A (b) DUE TO, OR AS A PART (c) PART (c) PART (c) OTHER BIGNIFICA CONCRONAL CONTROL ACCORDING CONTROL ACCORDING CONTROL ACCORDING CONTROL Backle Backle Hombide	A CONSEQUENCE OF: ANT CONDITIONS Uting to plassift but not resulting SV AJ C CO H 414 DATE OF Month, De Investigation Undetermined Magnum 414 PLACE C Inservention Investigation Undetermined Magnum 414 PLACE C Inservention	oy, Year) INJ	IE OF 41c. INJURY URY AT WOR	6 1 410. DE	ne desth? Nes	nown C	Yes KANO	and death 9. If YES were hindings compared determining case of data? Tres No NA
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