	Local File Number			HIFICAL	E OF DE	ATH	ICS <sub>136</sub> -		te File Num		
ſ	1. DECEDENT'S First NAME James		Middle David		CLINE			2. SEX Male	1	5. 1992	uay, rear;
-	4.SOCIAL SECURITY NUMBER	R 5a. AGE-Last Birtho (Years)			Under 1 Day	Counti	PLACE (City and	State or Foreig	. 1	F BIRTH (Month, I	Jay, Year)
·-	519-10-8990 8WAS DECEDENT EVER IN	66	1 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			atello, (Check only o		June	20, 1925	
ECEDENT	U.S. ARMED FORCES?	HOSPITAL   Inpati		ient 🗆 DOA			ome XIDecode		Other (Specify,	) [9d. COUNTY OF	DF 4 711
	96. FACILITY NAME (II not in: 4110 S.E. 75		and number)		SC. City,		tland	IF DEATH		Multnon	_
	10a. DECEDENT'S USUAL OC	CUPATION		F BUSINESSIN	DUSTRY		11. MARITAL S	ed, Widowed,	12 SPOUS	E (Il Married, Wid	
	Postal Cle	rk	Civ	il Serv	ice		Oworced (S Marr	. 1	June	A. Cline	~
	13s. RESIDENCE - STATE 1	3b. COUNTY	13c. CiTY,	TOWN OR LO	CATION		13d. STREET A				
	Uregon  13e. INSIDE CITY 131. ZIP	Multnoma	AS DECEDENT OF	Portlan	UGIN7	15, RACE	ATTU 5 American India Vhite, etc. (Spec	.E. 75t		DENT'S EDUCATION OF THE PROPERTY OF THE PROPER	P4 oleted)
02		206 Mexic	ily No or Yes - II y an, Puerto Rican, ly:	ola) Al No	Yes		hice	Eleme	ntpry/Seconda	ary (0-12) College	(1-4 or 5+)
	17. FATHER - NAME   lirst	middle la	at 18. MOTHER	- NAME first	middle	malden		19. INFORMAN	T - NAME and	relationship to de	ceased
PARENTS	Gould L.	Cline		OF DISPOSITION	Ab	ernat		June A		- Wife	
SPOSITION	☐Buriat XX Cremation ☐ F	Removal from State	other pl	lace)							
	☐Donation ☐Other (Speci				Cremato	•	ME, ADDRESS		and, Or	regon	
	21a. SIGNATURE OF FUNERA PERSON ACTING AS SU	ACT 1	11 -11	_	ISE NUMBER consee)	LINC	OLN WIL	LAMETTE	FUNERA	L DIRECTO	
5/5	23. DATE FILED (Month, Day,	Year)	Condi	305	.0		S.E.MT		PORTLA	ND,OR 972	200
REGISTRAR		API				1	يس	<u> </u>	<u>.(~).</u>	Woon	
	25. DID HOSPITAL REPRESEI	NTATIVE MAKE REQ N/A	UEST FOR ANATO	JMICAL GIFT C	ONSENT?		S GIFT MADE? YES □NO	KINA			
1		t frank 199			1	ા ક્યાંથ		of such as		- tvosus;	
		OMPLETED BY CERT 28. WAS MEDICAL E			— ļģ	31a. TIME		MPLETED ON		AL EXAMINER EAD (Month, Day,	Year, Hourj
				and the second second	B 12		1				
	5:207 А м	MYes, DNo			];	<u> </u>	м	(		==	M
CERTIFIER ;	29. To the best of my knowle due to the cause(s) and n	X Yes □ No idge, desth occurred nanner steled.	at the time, date,	place and	li	at the	time, date, plac	nation and/or e and due to t	nvestigation, he cause(s) ar	in my opinion deal nd manner stated.	h occurred
CERTIFIER-	29. To the best of my knowle due to the cause(s) and n	© Yes □ No idgo, death occurred narner stated.	at the time, date,	place and		at the (Signal	time, date, plac lura)	e and due to t	investigation, he cause(s) ar	nd manner stated.	h occurred
CERTIFIER-	29. To the best of my knowle due to the cause(s) and n	© Yee □ No sidge, daysh occurred names stelled.	at the time, date,	place and		at the (Signal	time, date, plac	e and due to t	investigation, he cause(s) an	in my opinion deal nd manner stated. COUNTY	h occurred
CERTIFIER	29. To the best of my knowle due to the cause(s) and n	and ZIP DE CENTIFE	G 2_	MINER (Type	y Prints	Signal Signal Signal	time, date, plea lura) SIGNED (Month	e and due to t	he cause(s) ar	nd manner stated.	M h occurred
CÉRTIFIER-	22. To the Sast of my knowle out to the causes) and in (Sophium) 30. DATE SIGNED (Month) 34. NAME_TIJE_ADDRESS U LIGHT	and zip be control	err 92- Germedical exa 12msea	MINER (Type)	St Print)	Signal Signal Signal	time, date, plac lura)	e and due to t	he cause(s) ar	nd manner stated.	h occurred
WINDING SA	29. To the Sals of my knowle of the causes) and no (Signatura) 30. DATE SIGNED (Month) 31. NAME TOUR ADDRESS 35. NAME OF ATTENDING P	ade, death occurred name of states.  And one of states of the states of	92 GERMEDICAL EVA CANSE O I THAN CERTIFIER	MINER (Type ( ) (Type or Print)	50 Printi) (O 20 2	at the (Signat	time, date, place fural SIGNED (Month	Day, Year)	Port	COUNTY	9721
ENDITIONS IF APP IFCH GAVE RISE TO INSCRIBE	29. To Upd Sals of my knowing of the Causes) and in (Sophium) and (Sophium	ade, death occurred name of states.  And one of states of the states of	92 GERMEDICAL EVA CANSE O I THAN CERTIFIER	MINER (Type ( ) (Type or Print)	50 Printi) (O 20 2	at the (Signat	time, date, place fural SIGNED (Month	Day, Year)	Port	nd manner stated.	9721
INDITIONS IF ANY ISCHOOL TO THE INCHEST TO INACIDATE CAUSE ATING THE IDERLYING	29. TO ING SAST OF THE NAME OF ATTENDING POPULATION OF	AND ZIP DE CERTIFE  WYSICIAN IF OTHER  WER ONLY ONE CASH	92 GERMEDICAL EVA CANSE O I THAN CERTIFIER	MINER (Type ( ) (Type or Print)	50 Printi) (O 20 2	at the (Signal)	time, date, place ture)  SIGNED (Month  E. M.A.  dying, e.g. Card	Day, Year)	Port	COUNTY	4721 ween onset
INDITIONS IF ALLY IF A	20. To Job Sast of my knowie oby for you causes) and in (Sopratura) 30. DATE SIGNED (MONING) 34. NAME_TISE_ADDRESS 35. NAME OF ATTENDING P  36. IMMEDIATE CAUSE (ENT PART (a)  DUE TO, OA AS CO	AND ZIP DE CERTIFE  AND ZI	92 GERMEDICAL EVA CANSE O I THAN CERTIFIER	MINER (Type ( ) (Type or Print)	50 Printi) (O 20 2	at the (Signat	time, date, place ture)  SIGNED (Month  E. M.A.  dying, e.g. Card	Day, Year)	Port	COUNTY  COUNTY  Interval bet and death interval bet and death interval bet interval between the county interval be	9721 ween onset ween onset ween onset
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	29. To Upd Sast of my knowing or on the Causes) and in (Sophiuma)	AND ZIP DE CERTIE  AND ZIP DE CERTIE  AND ZIP DE CERTIE  HYSICIAN IF OTHER  TER ONLY ONE CAN  NSCHIENCE OF:  CHARLES  INSEQUENCE OF:	92 GERMEDICAL EVA CANSE O I THAN CERTIFIER	MINER (Type ( ) (Type or Print)	50 Printi) (O 20 2	at the ISIgnal SS. DATE S	time, date, placiture)  SIGNED (Month  F. M. Au  dying, e.g. Card	Day, Year)  THE SCO	Port	COUNTY  Interval bet and death  Interval bet and death  Interval bet and death  Interval bet and death	4721 ween onset ween onset
INDITIONS IF ALLY IF ALLY ICH GAVE RISE TO IMEDIATE CAUSE ATING THE IDENLYING USE LAST L	22. TO IND SAST OF THE PROPERTY OF COMPANY OF COURSES AND THE SIGNED (MONING)  30. DATE SIGNED (MONING)  34. NAME TIME ADDRESS  35. NAME OF ATTENDING P  36. IMMEDIATE CAUSE (EM)  PART (a)  DUE TO, OR AS A CO  DUE TO, OR AS A CO	AND ZIP DE CERTIFE AND ZIP DE CE	92— JERNMEDICAL EVA PANSE 1 THAN CERTIFIER SEPREN LINE FOR	MINER (Type of Print) (Type or Print) (19) (19) 4910 (19)	50 Printi) (O 20 2	at the ISIgnal SS. DATE S	time, date, place ture)  SIGNED (Month  E. M.A.  dying, e.g. Card	Day, Year)  THE SCO	Port	COUNTY  COUNTY  Interval bet and death interval bet and death interval bet interval between the county interval be	4721 ween onset ween onset
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. To Ipd Sals of my knowle of the causels) and in Sopratura 30. Out E SIGNED (MONING) 34. NAME TITLE ADDRESS 35. NAME OF ATTENDING POPER TO THE SIGNIFICANT II Conditions contributing	AND ZIP DE CERTIFE  AND ZI	92- IBRIMEDICAL EVA (AMSE 1) THAN CERTIFIER SEPTER LINE FOR LUCY Colleged to cause give	MAINER (Type of Print) (Type or Print) (s), (b), AND (c) (s), (c), AND (c) (ren in PART 1.	))) Do not enjer	at the (Signature (Sig	time, date, placitural  SIGNED (Month  L. M.A.  dying, e.g. Card  Lobacco use of the death?  KNo L. Probat	Day, Year)  They, Year)  They, Year)  They, Year)  They, Year)  They, Year)	Port  Ory Arrest.  38. AUTOPSY L) Yes & No.	COUNTY  COUNTY  Interval bet and death	4721 ween onset ween onset ween onset order ween onset
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	29. TO IND SAST OF THE NAME OF A TO THE SIGNED (MONTH) 30. DATE SIGNED (MONTH) 31. NAME TITLE AUGUST (ENTITLE	AND ZIP DE CERTIFE AND ZIP DE CE	92— IJERIMEDICAL ENA  ROSS (1)  THAN CERTIFIER  SEPER LINE FOR  LILLS (2)  OF INJURY 110.	MAINER (Type of Print) (Type or Print) (s), (b), AND (c) (s), (c), AND (c) (ren in PART 1.	50 Printi) (O 20 2	at the (Signature (Sig	time, date, placiture)  SIGNED (Month  L. M. A.  dying, e.g. Card  tobacco use of the death?	Day, Year)  They, Year)  They, Year)  They, Year)  They, Year)  They, Year)	Port  Ory Arrest.  38. AUTOPSY L) Yes & No.	COUNTY  COUNTY  Interval bet and death	4721 ween onset ween onset ween onset order ween onset
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO ING SAST OF PARTY IN THE SIGNIFICANT IN CONDITIONS OF THE SIGNIFICANT IN CONDITIONS CONTRIBUTIONS OF THE SIGNIFICANT IN CONDITIONS OF THE SIGNIFICANT IN CONDI	AND ZIP DE CERTIFE  AND ZIP DE CERTIFE  HYSICIAN IF OTHER  TER ONLY ONE CAN  INSCRIPTIONS  ON THE CAN  INSCRIPTION  ON THE CAN  AND ZIP DE CERTIFE  AND ZIP DE CERTIFE	92- JERNMEDICAL EXA  PART SET 1  THAN CERTIFIER  SEPER LINE FOR  LIC 2  OF INJURY 41D.  N. Day, Year)  41D.	MAINER (Type or Print)	DI PPINI)  DO NOT EMPER  S115  HC. INJURY AT WORK?	mode of a state of the state of	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  tobacco use of the death?  EXNOLI Probat  EXCRIBE HOW	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO IND SAST OF THE PROPERTY OF COMMENTS OF COMMENT	AND ZIP DE CERTIFE  AND ZI	972  JERRMEDICAL ENA  ROSS  THAN CERTIFIER  SEPER LINE FOR  LIC  CI  CI  OF INJURY 1415.	MAINER (Type or Print)	DI PPINI)  DO NOT EMPER  S115  HC. INJURY AT WORK?	mode of a state of the state of	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  tobacco use of the death?  EXNOLI Probat  EXCRIBE HOW	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO IND SAST OF THE PROPERTY OF COMMENTS OF COMMENT	AND ZIP DE CERTIFE  AND ZI	92- IERIMEDICAL EVA (PAN SE 1) THAN CERTIFIER SEPER LINE FOR LUCY OF INJURY 415. SE OF INJURY 415.	MAINER (Type or Print)	DI PPINI)  DO NOT EMPER  S115  HC. INJURY AT WORK?	mode of a state of the state of	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  tobacco use of the death?  EXNOLI Probat  EXCRIBE HOW	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. To Job Sals of my knowled by for Job Sals of my knowled by the causels) and in (Sopralus)  30. DATE SIGNED (Months)  34. NAME_TISE_ADDRESS  35. NAME OF ATTENDING P  36. IMMEDIATE CAUSE (ENT) PART (a) DUE TO, OR AS A CO  (b) DUE TO, OR AS A CO  PART OTHER SIGNIFICANT II OTHER SIGNIFICANT II OTHER SIGNIFICANT II OF DEATH ADVALUM   PART   ACCIDENT   INTERPRETATION   ACCIDENT   INTERPRETATION   ACCIDENT   INTERPRETATION   ACCIDENT   INTERPRETATION   INTERPRETAT	AND ZIP DE CERTIF  AND ZIP DE CERTIF  HYSICIAN IF OTHER  ER OULY ONE CAH  NECULENCE OF:  CONDITIONS  10 death but not in  ding sitigation stermined in  mar  al attemption of the condition of th	92— JERNMEDICAL EVA (PANSE 1) THAN CERTIFIER  SEPER LINE FOR  LLC  OF INJURY 41b. h, Day, Year)  JE OF INJURY 41b. h, Day, Year)	AMINER (Type or Print)  (Type or Print)  (S), (D), AND (c)  Fen in PART 1.  TIME OF  INJURY  M  I home, farm, str	AT WORK?	at the (Signature Signature Signatur	time, date, placiture)  E. M.A.  dying, e.g. Card  tobacco use of the death?  ENGLI Probate ESCRIBE HOW	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO IND SAST OF THE PROPERTY OF COMMENTS OF COMMENT	AND EXACT REE	92—  JERNMEDICAL EXA  PARTIFICATION  THAN CERTIFICA  SEPER LINE FOR  LILL  OF INJURY 41D.  A Dey, Year  A DEY, CARREST AND A DESCRIPTION  PRODUCTION	LAMINER TRYPE LAMINER TRYPE LAMINER LA	FIG. INJURY AT WORK?    Yes   Inc.	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  tobacco use cone death?  SIGNED (Month)  ESCRIBE HOW  CATION (Street	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIRY IF AIRY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO ING SAST IN PROVIDE SAST OF SAS	AND ZIP DE CERTIFE  AND ZIP DE CERTIFE  HYSICIAN IF OTHER  ER ONLY ONE CAH  INSEBUENCE OF:  CONDITIONS-  gg to death but not in  the plate of the condition of	92— JERNADICAL EVA  PAN SE 1  THAN CERTIFIER  SEPER LINE FOR  LIC C  OF INJURY 415.  A, Day, Year)  PRODUCTION  THE MULTN	LAMINER TRYPE LAMINER TRYPE LAMINER LA	FIG. INJURY AT WORK?    Yes   Inc.	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  tobacco use cone death?  SIGNED (Month)  ESCRIBE HOW  CATION (Street	Day, Year)  THE SCO	Ory Arrest.  Da Autopsy Li Yes & No	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIY ECH GAY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO JOS JAST OF THE NEW YORK OF CRUENTS AND THE SIGNED MONTHS STATE OF THE SIGNIFICANT II OTHER SIGNIFICANT III OTHER SIGNIFICANT II	AND EXACT REE	92— JERNADICAL EVA  PAN SE 1  THAN CERTIFIER  SEPER LINE FOR  LIC C  OF INJURY 415.  A, Day, Year)  PRODUCTION  THE MULTN	LAMINER TRYPE LAMINER TRYPE LAMINER LA	FIG. INJURY AT WORK?    Yes   Inc.	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  F. M. A.  dying, e.g. Card  dying, e.g. Card  tobacco use cone death?  Sinol Probate ESCRIBE HOW	Day, Year)  # 300 isc or Respiration	Ory Arrest.  Or Rural Rout	COUNTY  Interval bet and death	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIY ECH GAY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO ING SAST IN PROVIDE SAST OF SAS	AND ZIP DE CERTIFE  AND ZIP DE CERTIFE  HYSICIAN IF OTHER  ER ONLY ONE CAH  INSEBUENCE OF:  CONDITIONS-  gg to death but not in  the plate of the condition of	92— JERNADICAL EVA  PAN SE 1  THAN CERTIFIER  SEPER LINE FOR  LIC C  OF INJURY 415.  A, Day, Year)  PRODUCTION  THE MULTN	LAMINER TRYPE LAMINER TRYPE LAMINER LA	FIG. INJURY AT WORK?    Yes   Inc.	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  C. M.A  dying, e.g. Card  tobacco use or he death?  ALLY  ALLY  A.A  A.A.	Day, Year)  THE SCO	OF Rural Rout	COUNTY  COUNTY  Interval bet and death Interv	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIY ECH GAY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO JOS JAST OF THE NEW YORK OF CRUENTS AND THE SIGNED MONTHS STATE OF THE SIGNIFICANT II OTHER SIGNIFICANT III OTHER SIGNIFICANT II	AND ZIP DE CERTIFE  AND ZIP DE CERTIFE  HYSICIAN IF OTHER  ER ONLY ONE CAH  INSEBUENCE OF:  CONDITIONS-  gg to death but not in  the plate of the condition of	92— JERNADICAL EVA  PAN SE 1  THAN CERTIFIER  SEPER LINE FOR  LIC C  OF INJURY 415.  A, Day, Year)  PRODUCTION  THE MULTN	LAMINER TRYPE LAMINER TRYPE LAMINER LA	SIS LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE LATER	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  C. M.A.  dying, e.g. Carc  dying, e.g. Carc  tobacco use or he death?  MOLI Probat  ESCRIBE HOW  CATION (Street  MULTING  MULTING	Day, Year)  Day, Year)  THE POLY  TO A THURK W. E. COUNTY REGIONAL	COMMITTER TY, OREGO	COUNTY  Interval bet and death Interval bet a	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIY ECH GAY RISE TO MAEDIATE CAUSE ATHING THE DERIVING USE LAST USE LAST CAUSE OF	22. TO JOS JAST OF THE NEW YORK OF CRUENTS AND THE SIGNED MONTHS STATE OF THE SIGNIFICANT II OTHER SIGNIFICANT III OTHER SIGNIFICANT II	AND ZIP DE CERTIFE  AND ZIP DE CERTIFE  HYSICIAN IF OTHER  ER ONLY ONE CAH  INSEBUENCE OF:  CONDITIONS-  gg to death but not in  the plate of the condition of	92— JERNADICAL EVA  PAN SE 1  THAN CERTIFIER  SEPER LINE FOR  LIC C  OF INJURY 415.  A, Day, Year)  PRODUCTION  THE MULTN	LAMINER TRYPE LAMINER TRYPE LAMINER LA	SIS LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE LATER	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  C. M.A  dying, e.g. Card  tobacco use or he death?  ALLY  ALLY  A.A  A.A.	Day, Year)  Day, Year)  THE POLY  TO A THURK W. E. COUNTY REGIONAL	COMMITTER TY, OREGO	COUNTY  Interval bet and death Interval bet a	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIVONE IF AIV	22. TO IND SAST OF PROPERTY OF COMPANY OF COURSESS AND TO SOCIETY OF COMPANY	AND EXACT REITHE OFFICE OF	92— JERNMEDICAL EXA  PROSECTION THAN CERTIFIER  SEPER LINE FOR  LIC  OF INJURY ADDITION FOR THE MULTIN THE MULTN  3 1992	IMINER TYPE OF PORT INJURY M. I DOMAH COI	SIS LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE LATER	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  C. M.A.  dying, e.g. Carc  dying, e.g. Carc  tobacco use or he death?  MOLI Probat  ESCRIBE HOW  CATION (Street  MULTING  MULTING	Day, Year)  Day, Year)  THE POLY  TO A THURK W. E. COUNTY REGIONAL	COMMITTER TY, OREGO	COUNTY  Interval bet and death Interval bet a	ADI ween onset ween onset ween onset of the contract and the contract of deam?
INDITIONS IF AIVONE IF AIV	22. TO JOS JAST OF THE NEW YORK OF CRUENTS AND THE SIGNED MONTHS STATE OF THE SIGNIFICANT II OTHER SIGNIFICANT III OTHER SIGNIFICANT II	AND EXACT REITHE OFFICE OF	92— JERNMEDICAL EXA  PROSECTION THAN CERTIFIER  SEPER LINE FOR  LIC  OF INJURY ADDITION FOR THE MULTIN THE MULTN  3 1992	LAMINER TRYPE LAMINER TRYPE LAMINER LA	SIS LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE PROPERTY OF THE LATER TO THE LATER	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  C. M.A.  dying, e.g. Carc  dying, e.g. Carc  tobacco use or he death?  MOLI Probat  ESCRIBE HOW  CATION (Street  MULTING  MULTING	Day, Year)  Day, Year)  THE POLY  TO A THURK W. E. COUNTY REGIONAL	COMMITTER TY, OREGO	COUNTY  Interval bet and death Interval bet a	ADI ween onset ween onset ween onset of the contract and the contract of deam?
E OF O	22. TO JOS JAST OF THE PROPERTY OF A STATE O	AND EXACT REFITHE OFFICE OF APR 1	92— JERNADICAL EVA  (ATT SEPTEMBER  SEPTEMBER  SEPTEMBER  SEPTEMBER  OF INJURY A1D.  A. DOUCTION  THE MULTIN  3 1992  MATH:  A. Clin  A. Clin	IMINER (Type or Print)  (Type or Print)  (S), (b), (b), (b), (c), (c), (c), (c), (c), (c), (c), (c	SI Printil  (O O O O  SI O NO O O O O O O O O O O O O O O O O O	at the (Signature Signature Signatur	time, date, placiture)  SIGNED (Month  L. M.A.  dying, e.g. Card  dying, e.g. Card  control tobacco use or he death?  EXACL Probate EXCRIBE HOW  CATION (Street	Day, Year)  THE JOE	DOM STRAR TY, OREGO	COUNTY  COUNTY  Interval bet and death Interv	year onset ween onset of deam?