A STATE OF THE STA			HON OF VITAL		45		-
	H-15096 LO: TAG NO.	TORE@ON PERAME H CENTER!	EALTH DIVISION FOR HEALTH STA	<b>MISETOS</b> IRCE TISTICS —			
	Local File Number  1. DECEDENTS First NAME Carrol	Made Bruce	TIFICATE OF DEA	TH 130	Stat 2. SEX	4	TH (Month, Day, Year)
	4. SOCIAL SECURITY NUMBER   5a 542-38-9295	AGE-Last Birthday Sb. Under 1 (Years) 87 Mos. Da	Year Sc. Under 1 Day	6. BIRTHPLACE (City at Country) Brownsville	Male or Foreign	June 21,	M. Maratt. On Marat
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	TAL Oxtopations CER/Outpation	. Door DIHER	F DEATH (Check only one)		·	23, 1310
1	90. FACILITY NAME (Il not institution Merle West Medic	give street and number) cal Center		Nursing Home Decode TOWN, OR LOCATION OF Klamath Fal	FDEATH		COUNTY OF GEATH  Klamath
2	10a: DECEDENT'S USUAL OCCUPA: (Give kind of work done during m Do not use retired.)	The state of the s	BUSINESSANDUSTRY	11. MARITAL S Never Mam Divorced (S	TATUS - Married	12 SPOUSE (#1	
4		OUNTY 13c. CITY, I	ic School Syste	13d STREET A	ND NUMBER	Marjor	ie
5	Oregon K  13a. INSIDE CITY 13I. ZIP CODE LIMITS?	14. WAS DECEDENT OF H	tnectly Criman	2130 1 15 RACE American India Black, White, etc. (Speci	N. Eldora	16 DECEDENT Specify only highes	S EDUCATION
6	20 Yes □ No 97601	38.47/ / · * · · ·		White	Element	ary/Secondary (0-1)	College (1-4 or 5+) 5+
PARENTS	Bernard John Howe	Lilli	an - Bruce	" * * i > "	George I	NAME and relation	
DISPOSITION 7	☐ Burial X Cremation, ☐ Removal	from State	or of cementary of cement	nery, cromatory, or	- A	City or Town, State	Oromon
88	21a. SIGNATURE OF BREGON FUNER PERSON & TRIG AS SUCH	AL SERVICE LICENSEE OR	21b. OREGON LICENSE NO. (OI Licensee)	22 NAME ACORESS A Ward S Klai	nd zip of Facili	Falls,	, Inc.
9	23. DATE (LED (Month, Day, Year)	IIIN 9 9 1000	1 2007	1945 Main,		Falls, O	R 97601
	RESERVED FOR REGISTRAR'S USE	JUN 2 3 1998		terely	V . Sec.	mouson	<u></u>
10	<b>\</b>	*			1		
11		ED BY CERTIFYING PHYS MEDICAL EXAMINER NOTIFIED?		And the second s	11.1	VMEDICALLE	XMINERAS
			Kee	ia. TIME OF DEATH 3	1b. DATE PRONO	UNCED DEAD (M	nth, Day, Year, Hour)
CERTIFER	<ol> <li>To the best of my knowledge, des due to the cause(s) and manner.</li> </ol>	Yes S No.  th occurred at the time, date, place stated.		м м	46		м
CENTIFIER	29 To the best of my knowledge, des due to the cause(s) and manner in (Signature)	ath occurred at the time, date, place stated.	and S	2. On the basis of exams at the time, date, place (Signature)	nation and/or inv a and due to the		M pinion death occurred ner stated.
CERTIFIER  12  13	29 To the best of my knowledge, des due to the cause(s) and manner in (Sparture)  30. DATE SIGNED (Month, Day, Yea	ath occurred at the time, date, place stated.	and Somo	м м	nation and/or inv a and due to the		м
12 13 14	29 To the best of my knowledge, det due to the cause(s) and manner is (Sparture)  30. DATÉ SIGNED (Month, Dey, Yea 234. NAME, TITLE, ADDRESS AND Z Kenneth L Tuttle	ith occurred at the Bine, date, place tasted.  By the property of the property	and South Francis	2. On the basis of exama in the lime, date, place (Signature)	nation and/or inv a and due to the . Day, Year)		M pinion death occurred ner stated.
121314CONDITIONS IF ANY WHICH GAVE RISE TO	29 To the best of my knowledge, det due to the cause(s) and manner is (Sparture)  30. DATÉ SIGNED (Month, Day, Yea  34. NAME, TITLE, ADDRESS AND Z	ith occurred at the Bine, date, place tasted.  By the property of the property	and South Francis	2. On the basis of exama in the lime, date, place (Signature)	nation and/or inv a and due to the . Day, Year)	esligation, in my c cause(s) and mar	M pinion death occurred ner stated.
121314CONDITIONS IF ANY WHICH GAVE	29 To the best of my knowledge, det due to the cause(s) and marrier is (Spatier)  30. DATE SIGNED (Month, Day, Yea 34. NAME, TITLE, ADDRESS AND Z Kenneth L Tuttle  35. NAME OF ATTENDING PHYSICI	ath occurred at the Bine, date, place stated.  By Common State Common	and South Francis	2. On the basis of exama in the lime, date, place (Signature)	nation and/or inv a and due to the . Day, Year)	estigation, in my clause(s) and man	All purion death occurred ner stated.  COUNTY  COUNTY  terval between onset to goath
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	29 To the best of my knowledge, det due to the cause(s) and marrier is (Spatrier)  30. DATE SIGNED (Month, Day, Yea Signed Land Marrier is Signed Land Month, Day, Yea Sig	th occurred at the Bine, date, place tabled.  By  P OF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago  IAN IF OTHER THAN CERTIFIER (	and South Francis	2. On the basis of exama in the lime, date, place (Signature)	nation and/or inv a and due to the . Day, Year)	esigation, in my cause(s) and man	A privan death occurred ner stated.  COUNTY  COUNTY  terval between onset of death  death  death  Mary between onset of death
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spaniture)  30. DATE SIGNED (Month, Day, Yea.  34. NAME, TITLE, ADDRESS AND Z  Kenneth L Tuttle  35. NAME OF ATTENDING PHYSICI  DUE TO, OR AS A CONSECUT  (b)  DUE TO, OR AS A CONSECUT  PART OTHER SIGNEDICANT CONDITIONS	uth occurred at the Bine, date, place tasted.  BY  POF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago  AN IF OTHER THAN CERTIFIER (  ENCE OF:  ENCE OF:	and  When (Type or Print)  Gett, Klamath F Type or Print)  Anexo  Lithtu C	2. On the basis of exame at the time, date, place (Signature) 3. DATE SIGNED (Month) 2. OR 976	nation and/or inverse and due to the	estigation, in my cause(s) and man	punon death occurred ner stated.  COUNTY  COUNTY  terval between onset of death  and death  The purpose onset of death  County  County
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE STATING THE CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier to (Systature)  30. DATÉ SIGNED (Month, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth Signed	uth occurred at the Bine, date, place tasted.  BY  POF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago  CAN IF OTHER THAN CERTIFIER (  ENCE OF:  CONS.  Ibut not resulting in the undorlying of the undorl	when (1) po or Priori (ett., Klamath F Type or Priori)	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  alls, OR 976  37. Did tobacco use contribe the death?  Ves Probe  Police Probe  Union	nation and/or inverse and due to the control of the	estigation, in my caluse(s) and man	privan death occurred ner stated.  COUNTY  COUNTY  terval between onset of death  Traval between onset and death
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE STATING THE CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier in (Sgrature)  30. DATE SIGNED (Month, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth, Day, Yee Signed Adonth Day, The Signed Adonth Day, The Signed Adonth Signed Ado	th occurred at the Bine, date, place tasted.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	and  WHER (Type or Print)  Gett, Klamath F Type or Print)  Analysis given in PART I.  LOUIS GIVEN IN PART I.  AT WORK?	2. On the basis of exame at the time, date, place (Signature) 3. DATE SIGNED (Month  2. On the basis of exame at the time, date, place (Signature) 3. DATE SIGNED (Month  2. On the basis of exame at the time at the time at the death?  37. Did tobacco use contribute to the death?  [] Ves [] Proba	nation and/or inverse and due to the control of the	estigation, in my caluse(s) and man	privan death occurred ner stated.  COUNTY  COUNTY  terval between onset of geath  Leval between onset of death taval between onset of death  Leval between onset of death
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spatiere)  30. DATE SIGNED (Month, Day, Vec. 1997)  34. NAME. TITLE, ADDRESS AND Z  KENNET I TUTTLE  35. NAME OF ATTENDING PHYSICS  36. DUE TO, OR AS A CONSEQUIOUS OF THE SIGNED OF TO THER SIGNED AND Z  PART OTHER SIGNED AND CONDEN TO THE SIGNED AND	uth occurred at the Bine, date, place tasted.  BY  POF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago  CAN IF OTHER THAN CERTIFIER (  ENCE OF:  CONS.  Ibut not resulting in the undorlying of the undorl	and  Appendix or Printing  Appendix of Print	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  alls, OR 976  37. Did tobacco use contribe the death?  Ves Probe  Police Probe  Union	Dute 38	estigation, in my cause(s) and man	privan death occurred ner stated.  COUNTY  terval between onset of geath  country  terval between onset of death  so were larger onset of death  S were larger onset of death  S were larger onset of death  S were larger onset of death  (as   No   N/A
121314CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE CAUSE OF AND CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spatiers)  30. DATE SIGNED (Month, Day, Year Signed Andrew)  34. NAME, TITLE, ADDRESS AND Z  KENNETH L TUttle  35. NAME OF ATTENDING PHYSICI  36. DUE TO, OR AS A CONSEQUIO  (c) CONSTRUCTION OF AS A CONSEQUIO  (d) MANNER OF DENTH    Natural   Perchang investigation   Decidemined Manner     Accident   Unpul	th occurred at the Bine, date, place tasted.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	and  Appendix or Printing  Appendix of Print	37. Did tobacco use control to the death?	Dute 38	estigation, in my cause(s) and man	privation death occurred ner stated.  COUNTY  terval between onset of geath  country  terval between onset of death  3
121314CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE STATING THE CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spatiarier)  30. DATE SIGNED (Month, Day, Year Signed Accounting to the Cause of the Caus	th occurred at the Bine, date, place tasted.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	and  APPER (Type or Print)  Fett, Klamath F Type or Print)  Consider the state of t	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  3. DATE SIGNED (Month  37. Did tobacco use contribe the death?  14. DESCRIBE HOW IN.  411. LOCATION (Street at THE ORIGINAL C	Dure 38  Doy Year)  Dure 38  Doy Reary  Dure 38	estigation, in my cause(s) and man	Al prival death occurred ner stated.  COUNTY  Terval between onset of death and death added and death added and death added and a county of the county of th
121314CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE CAUSE OF AND CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spantare)  30. DATE SIGNED (Month, Day, Year Signed Month, Day, Year Signed Mo	ath occurred at the Bine, date, place tasted.  BY  POF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago  AN IF OTHER THAN CERTIFIER (  ENCE OF:  ALL DATE OF INJURY ATD. TIME  AND THAN THE VITAL AND  IS IS A TRUE, FULL AND  IF ILE IN THE VITAL REC.	and  WHER (1) po or Photol  (Pett, Klamath F Type or Print)  Pett, Klamath F Type or Print)  Subsequence of the control of the	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  3. DATE SIGNED (Month  37. Did tobacco use contribe the death?  14. DESCRIBE HOW IN.  411. LOCATION (Street at THE ORIGINAL C	Dure 38  Doy Year)  Dure 38  Doy Reary  Dure 38	estigation, in my cause(s) and man	Al prival death occurred ner stated.  COUNTY  Terval between onset of death and death added and death added and death added and a county of the county of th
121314CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE CAUSE OF AND CAUSE OF DEATH	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spatiarier)  30. DATE SIGNED (Month, Day, Year Signed Accounting to the Cause of the Caus	ith occurred at the Bine, date, place tasted.  It is the second of the Bine, date, place tasted.  If OF CERTIFIER/MEDICAL EXAM.  MD 2850 Dago:  IAN IF OTHER THAN CERTIFIER (  ENGE OF:  TONS: but not resulting in the underlying of the building, etc. (Specify)  IS IS A TRUE. FULL AND	and  WHER (1) po or Photol  (Pett, Klamath F Type or Print)  Pett, Klamath F Type or Print)  Subsequence of the control of the	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  3. DATE SIGNED (Month  37. Did tobacco use contribe the death?  14. DESCRIBE HOW IN.  411. LOCATION (Street at THE ORIGINAL C	Dure 38  Doy Year)  Dure 38  Doy Reary  Dure 38	estigation, in my cause (s) and man	Al prival death occurred ner stated.  COUNTY  Terval between onset of death and death added and death added and death added and a county of the county of th
12	29 To the best of my knowledge, det due to the cause(s) and marrier in (Spatiales)  30. DATE SIGNED (Month, Day, Yea and Consequence)  34. NAME, TITLE, ADDRESS AND Z  Kenneth L Tuttle  35. NAME OF ATTENDING PHYSICI  36. DUE TO, OR AS A CONSEQUENCE  (c) CONSEQUENCE OF THE SIGNED	at the Bine, date, place tasted.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	and  WHER (1) po or Photol  (Pett, Klamath F Type or Print)  Pett, Klamath F Type or Print)  Subsequence of the control of the	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  3. DATE SIGNED (Month  37. Did tobacco use contribe the death?  14. DESCRIBE HOW IN.  411. LOCATION (Street at THE ORIGINAL C	Dute 38 Dute 3	estigation, in my cause (s) and man	portion death occurred ner stated.  COUNTY  terval between onset of death added the death added to death added
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12 13 14	29 To the best of my knowledge, det due to the cause(s) and manner in 18 year from the cause in 18 year from the 18 year from the cause in 18 year from the ca	at the Bine, date, place tabled.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	and  WHER (1) po or Photol  (Pett, Klamath F Type or Print)  Pett, Klamath F Type or Print)  Subsequence of the control of the	M  2. On the basis of exame at the time, date, place (Signature)  3. DATE SIGNED (Month  alls, OR 976  37. Did tobacco use contribe the death?  241d. DESCRIBE HOW IN.  41d. DESCRIBE HOW IN.  THE ORIGINAL COREGON HEALTH	and and or one of and due to the of and and due to the of and	estigation, in my clause(s) and man	Denom death occurred new stated.  COUNTY  Terval between onset of death traval between onset of death and
121314CONDITIONS IF ANY WEIGHT OF ANY WEIGHT OF ANY EXAMPLE OF ANY	29 To the best of my knowledge, det does to the cause(s) and marrier in (Spaniture)  30. DATE SIGNED (Month, Day, Year Signed Month, Day, Year Signed	at the Birrie, date, place tasted.  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	when (1) po or photy (ett, Klamath F Type or Print)  All States of the s	2. On the basis of exame at the time, date, place (Signature) 3. DATE SIGNED (Ascenting) 3. DATE SIGNED (Ascenting) 37. Did tobacco use contribution to death?  9. Ver Proba 41d. DESCRIBE HOW IN. 411. LOCATION (Street ar	Dute 38 Dute 3	estigation, in my clause(s) and man	A privan death occurred new stated.  COUNTY  Terval between onset of death