PERMANENT BLACK INK	RECORDERS NO. D-98-0006		BUREAU OF VITAL STA			EOF DEATH  EALTH AND SOCIAL SERVICES TISTICS—P.O. BOX 110675 ISKA 93811-0675				150 STATE FILE NUMBER DATE RECEIVED		
	1. DECEDENT'S NAME (First, M	-					EN NAME	2. SEX	3. DATE	OF DEATH (Mo	nth, Day, Year)	
}	Wayne  4 SOCIAL SECURITY NUMBER	Demps	ey GE-Last Birthdi	Hite				Male	Jun	ne 20,	1998	
<b>└</b>	543-30-9143		69	Months	ER 1 YEAR	5c. UNDER	Minutes	6. CATE OF BIRTH (World, Day, Year)		7. SURTHPLAC (State or For	E Han Country	
	& STATE OF DEATH		03		Pa PLACE OF D	FATH (Cho:	(controper see )	Dec. 31,	1928	Orego	<u> </u>	
	ALFIORA	HOSPITAL:	Inpatient	ERVOUTPETIONS	DOA OTHER					wt-of-	doors	
[	96. FACILITY NAME (If not institution, give street and number)						Nursing Home Reskience XX other (Spacially) put-of-doors Sec City, Town, OR LOCATION OF DEATH					
	Eskilida Creek near Chitna Alaska						Chitna					
İ	1					11. SURVIVING SPOUSE (If wife; give malden name)						
	NEVER MARRIED SUNAL OCCUPATION (GIVE kind to work doing during most of 125. Kin					Elizabeth Leouor Marshall						
	Honey Record Court and American					THE SECTION OF WHICH AND PONCES						
	144 RESIDENCE-STATE	141	CITY, TOWN OR	LOCATION	Logging		14c. STREET AN	DNUMEFR	YES XX	O UNK	OWN	
ON OTHER SIDE	Alaska	h	<i>l</i> asilla				-	atricia A		-		
Ī	14d INSIDE CITY LIMITS OR SETTLED COMMUNITY?	140.	ZIP CODE	(Specify No.	DENT OF HISPANIC OF	RIGIN?	16. RACE-	-Filipino, Black, filte, etc.	17.	DECEDENTS	EDUCATION	
	ER			uno Kican, etc.)	,			(Specify anty highest Elementary/Secondary (0-12				
	XXVES ONO UNI	KNOWN 99	654	KXNO	YES Specify:		Specif	White			1	
RELIS	Rueben Lawren		•					t, Micdle, Malden Sum	ame)			
	20a INFORMANT'S NAME (Type			MAILING ADDRES	S (Street and Number o	George Rund Hout	gia Ros	se Richey		1 500 DEL 65	ONSHIP TO DECEDE	
	Elizabeth L.	Hite			Creek Road				~,	1 _		
) OSITION	214. METHOD OF DISPOSITION			215. PLACE CI	DISPOSITION (Name co	cometery, o	rematory or othe	/ place)   21c LOC	ATION City of	Spou Town, State	se	
1	Gunal XX Cremation	Remova	I from State	-		ъ.						
DEFINITION OTHER SIDE	Donation	Other (Spec	ity)	Valley	Crematory	- %		Wasi	illa, A	laska		
1	224. SIGNATURE OF FUNERAL	SERVICE LICEN	ISEE OR PERSON	ACTING AS SUC		ND ADDRE	S OF FACILITY	Valley Fu	ineral	Home &	Cremator	
OUI CING	Milliams) St.	1 eller	he heat of my koo	wladda damb co	151 E	. ner	urnd W	re., Wasil	lla, AK	99654	~7032	
GIAC ONG	Complete items 23a-b only when certifying physician is not	'	no beet of my kno	wiedge, dezin (x :	curred at the time, date.	and place s	isted.	allin.		23b. DATE (Monti	SIGNED N. Day, Yarr)	
[ •	available at time of coath to certify cause of death.	Signatur	e and Title						Dec 1			
MPLETED BY	24. TIME OF SEATH	25. DATE	PRONOUNCED D	EAD (Month, D.t.)	Yearj	<del></del>		IS WAS CASE RE	FERRED TO M	EDICAL EXAMI	JERACORONE 32	
ON WHO	1417 <b>u</b>	Jur	ne 20, 1	998	,			ĪΣ	]	П.,		
1	27. PART I. Enter the diseases, in List only one cause o	njuri sa, or comp	lications that cau	sed the death. Do	not enter the mode of	lying, such	na cardiac or res	piratory arrest, shock,	or heart failure.	I A	oproximate interval	
	MMEDIATE CAUSE (Final	Pr			ations of	arte	rioscle	rosis		<b>4</b>	MINUTES	
	esuiting in death)	7	DUE TO (OF	AS A CONSECU	ENCE OF):							
	- 1	b	DUS TO 400	AS A CONSEQU		4						
1.0	equentially list conditions, if my, leading to immediate cause.	N 1	DOI: 10 (OF	AS A CURSEUL	ENCE OFF			1			-	
(6	inter UNDERLYING CAUSE disease or injury that initiated rents resulting in douth) LAST		DUE TO (OR	AS A CONSEQUE	ENCE OF:	-						
		a.		- 11	•	. ٦						
P	ART II. OTHER SIGNIFICANT CO	ONDITIONS COL	stributing to death	but not resulting	in the underlying cause	given in Pa	irt L	21 WAS AN AL PERFORM		28h WERE A	UTOPSY FINDINGS DERED PRIOR TO	
	History of st	roke		- 10.							ETION OF CAUSE	
	9a CERTIFIER	<u></u>			<u> </u>			Yes	×[∑] <sub>No</sub>	<u> </u>		
•	(Check only one)	ng cause of death when I due to the cause(s) an	another off d manner as	lici <b>al has</b> pronou. stated.	nced deuth and compl.	sted it em 23)						
	To the best of my knowledge, death occurs didus to the cause(s) and manner as stated.  PRONOUNCING AND CERTIFYING PHYSIC AN (Physician both pronouncing tests and certifying to cause of death)  To the best of my knowledge, death occurs dat the time, data, and place, and dus to the cause(s) and manner as stated.											
			EXAMINER/COR		at the time, date, and ;	lace, and di	4 to the cause(s	and manner as stated	<u></u>			
EFINITION THER SIDE 2	On the basis of examination and/or investigation, in my opinion, care						butters as energing with a participant plants, and plants, and other companies and manner as estated.					
1	296 SIGNATURE AND TITLE OF CER THER OF CAUSE OF DEATH						190. DATE SIGNED (Month, Dex. Nucl)					
* T	200 NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (I EM 27) (Typa/Print name						of certifier) 266 LIGENSE NUMBER					
	rranc G. Fall	100. M	.D. De	puty Mea	dical Exam	iner		ZIR LICENSE N	UMBER			
<del> </del>	5700 East Tud			orage,	Naska 99 S OTHER THA	507-1		Enen or		1349		
	Natural Pending	CIR DATE OF II	NJURY 3	IIL TIME OF	31c. INJURY AT WO	IK?	31d. DESCRIBE	EMIS STA - ST	REDITENNA	MAC PRESENT	LETEL).	
	Accident [	(Month, Da	ŀ	INJURY	□ vos □	] <sub>No</sub>					qu())	
	Could not had						214 4 0 0 4 7 0 11					
	Suicide Could not be determined	31e. PLACE OF	INURY-At home	, atreet, camery, o	med, the lopechy)		311. EDUATION	(Street and Number of	Rumi Route N	umber, City or T	own, State)	
	Suicide de:nmined	31e. PLACE OF	INURY—At home	, atreos, curnery,			SII. EDGATION	Esturia ting Minupot of	Rumi Route N	umber, City or T	own, State)	
	Suicide de:nmined	D		Kinson		133	RECORDING DE			ATE FILED (Mos		

State of Oregon, County of Klamath Recorded 6/30/99, at 3:20 p. m. In Vol. M99 Page 26/9 a. Linda Smith, County Clerk Fee\$/5 HR

TIEST:

Maca Shadectrest of Alaska
AT GLENNALLEN