

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER 379 30545				STANDARD CERTIFICATE OF DEATH STATE OF OREGON BUREAU OF HEALTH, PORTLAND 97201 PUBLIC HEALTH SERVICE				STATE FILE NO. 1269 PAGE 2343 DATE RECEIVED			
1. NAME OF DECEASED (Type or print all surnames in block letters) Edna May McCollum				2. PLACE OF DEATH A. COUNTY Klamath				3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath			
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls				C. LENGTH OF STAY IN 2B Life				C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION P. I. Hospital				D. STREET ADDRESS, RURAL ROUTE, ETC. 3006 Booth Road				7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married			
4. DATE OF DEATH Month Day Year November 30 1968				5. SEX Female				6. COLOR OR RACE Caucasian			
8. SOCIAL SECURITY NO. Housewife				9. USUAL OCCUPATION (Kind of work done during past of life) Housewife				10. KIND OF BUSINESS OR INDUSTRY Home-making			
11. NAME OF SPOUSE Melvin McCollum				12. DATE OF BIRTH Month Day Year May 1 1919				13. AGE LAST BIRTHDAY 49			
14. BIRTHPLACE (State or Foreign Country) Klamath Falls, Oregon				15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country				16. IF DECEASED WAS A VETERAN, WHAT WART No			
17. NAME OF FATHER Charles W. Thomas				18. MAIDEN NAME OF MOTHER Mamie Lee Hughes				19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Melvin McCollum, husband			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Hypertension				DUE TO (B): Coronary T. V.				DUE TO (C): C. of P. V.			
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):				21. If deceased was Female, was there a pregnancy in the past 18 months? ☐ Yes ☒ No				22. Was an Autopsy performed? ☐ Yes ☒ No			
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide ☐ Other				24. IF ACCIDENT, DID A INJURY OCCUR ☐ At Work ☐ Not At Work				25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)			
26. TIME OF INJURY Hour Minute Day Month Year				27. DESCRIBE HOW INJURY OCCURRED.				25B. City County State			
28. CERTIFICATE: I certify that I (attended) (attended) (attended) the deceased from on or about 15 May 68 to 30 May 68, and that the death occurred at 2:10 p.m. from the cause and on the date stated above.				29. RESERVED FOR REGISTRAR'S USE				30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Other			
30B. DATE 12/3/68				30C. NAME OF CREMATORY OR CEMETERY Eternal Hills				30D. LOCATION (City or Town) State Klamath Falls, Oregon			
31. DATE RECEIVED BY LOCAL REGISTRAR 12-3-68				32. REGISTRAR'S SIGNATURE S. M. Kerron				33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith Han 515 Pine, K. Falls, Ore.			

STATE OF OREGON

County of KLAMATH

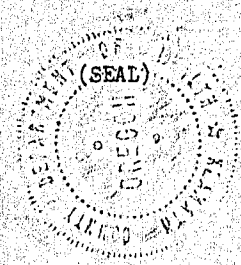
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

S. M. KERRON, M. D.
Registrar Vital Statistics

By Mary E. Nelson
Deputy Registrar

Date DEC 5 1968 19

VOID IF ALTERED



County of Klamath
Filed for record on request of
Melvin W. McCollum
on this 1st day of April A.D. 1969
at 1:00 o'clock P. M. and duly
recorded in Vol. M-69 of Deeds
Page 2343
Wm D. MILLER, County Clerk
By Donna Deputy
Fee \$1.50
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