STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — STATE BOARD OF HEALTH -- PORTLAND 97201 — PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 379 30545 — STATE FILE NO. M69 PAGE 2343 — DATE RECEIVED

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY CONSIDERED AND ANSWERED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED. — FORM VS-2

1. NAME OF DECEASED (Type or print all entries in black ink)	First: Edna	Middle: May	Last: McCollum
2. PLACE OF DEATH — A. COUNTY	Klamath		
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)	Klamath Falls	C. LENGTH OF STAY IN 2B	Life
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	P. I. Hospital		
3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE	Oregon	B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify)	Klamath Falls		
D. STREET ADDRESS, RURAL ROUTE, ETC.	3006 Booth Road		
4. DATE OF DEATH — Month / Day / Year	November 30 1968	5. SEX	Female
6. COLOR OR RACE	Caucasian	7. MARITAL STATUS	☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.	----	9. USUAL OCCUPATION (Kind of work done during most 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 (Yrs.)	49
IF UNDER 1 YEAR — Months / Days		IF UNDER 24 HOURS — Hours / Minutes	
14. BIRTHPLACE (State or Foreign Country)	Klamath Falls, Oregon	15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country — Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR?	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		

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Hip Fracture — 7 hrs

Conditions, if any, which gave rise to (a) above cause (a), stating the underlying cause last. DUE TO (B): Coronary Thrombosis — 2 Months

DUE TO (C): Cardiac Failure

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 12 months? ☐ Yes ☒ No ☐ Unknown

22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) — 25B. City — County — State

26. TIME OF INJURY ..... a. m. ..... p. m. — Hour / Month / Day / Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) the deceased from or on 15 MAY 69 (date) to 30 NOV 68 (date) and that the death occurred at 2:10p. from the causes and on the date stated above.

(Signature) (Title) Klamath Falls, Ore (Address) 2 Dec 68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ 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: Marion Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Reid Ohair 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

(SEAL)

VOID IF ALTERED

STATE OF OREGON
County of Klamath

Filed for record at 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
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Wm D. MILNE, County Clerk
By Donna Jones Deputy

Fee $1.50

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