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JUN 23 11 11 AM 1973  
STATE OF OREGON - HEALTH DIVISION  
Vital Statistics SectionVol. 72 Page 8138  
73-007594

188

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEASED-NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1. CORNELIUS		FREDERICK		COLLMAN				2. May 21, 1973	
RACE White, Negro, American Indian, etc. (specify)		SEX		AGE-Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3. White		4. Male		5a. 87		5b. mos. days		6. October 5, 1885	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		Inside City Limits (specify yes or no)		HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number)			
7a. Klamath		7b. Klamath Falls		7c. Yes		7d. Washburn Manor			
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		NAME OF SPOUSE			
8. Germany		9. USA		10. Married		11. Catherine Collman			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
12. 544-12-9745 - A		13a. Farmer - retired		13b. Self					
RESIDENCE-STATE		COUNTY		CITY, TOWN, OR LOCATION		Inside City Limits (specify yes or no)		STREET AND NUMBER OR R.F.D.	
14a. Oregon		14b. Klamath		14c. Klamath Falls		14d. NO		14e. Rt. # 2 - Box # 809-F	
FATHER-NAME first middle last		MOTHER-Maiden Name first middle last		INFORMANT-NAME and relationship to deceased					
15. No record		16. No record		Charles Collman (Son)					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))									
18. Immediate cause									
(a) Acute Pulmonary Edema 6 hours									
(b) Congestive Heart Failure 2 days									
(c) Advanced Arteriosclerotic Heart Disease 30 years									
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)									
ANCIENT HIP FRACTURE									
19. ACCIDENT (specify yes or no) 20a. YES									
DATE OF INJURY (month, day, year) 20b. 2/24/72									
HOUR 20c. 2:00 P. M.									
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. FELL WHILE WALKING									
INJURY AT WORK (specify yes or no) 20e. NO									
PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)) 20f. FARM									
LOCATION (street or R.F.D. No., city or town, county, state) 20g. KLAMATH FALLS, OREGON									
CERTIFICATION-Physician: I attended the deceased from: 21. 2/24/72 to 5/21/73									
And Last Saw Him/Her Alive on: month day year 5/12/73									
Did Not view the body after death (specify) 21b. DID NOT									
DEATH OCCURRED (hour) 21c. 5:55 P. M.									
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.									
PHYSICIAN-SIGNATURE 22a. [Signature] M.D.									
NAME (type or print) 22b. Ronald W. Vinyard									
degree or Title 22c. M.D.									
DATE SIGNED (month, day, year) 22d. 5/24/73									
MAILING ADDRESS-PHYSICIAN 23. 917 Pine St. Klamath Falls, Oregon 97601									
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial									
CEMETERY OR CREMATORY-NAME 24b. Klamath Memorial Park									
LOCATION (street or R.F.D. No., city or town, county, state) 24c. Klamath Falls, Oregon									
DATE (mo., day, year) 24d. May 24, 1973									
FUNDAL DIRECTOR-SIGNATURE 25a. [Signature]									
FUNDAL HOME-NAME AND ADDRESS (street, city or town, state, zip) 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601									
DATE RECEIVED BY LOCAL REGISTRAR 26a. MAY 25 1973									
DATE RECEIVED BY STATE REGISTRAR 27. JUN - 4 1973									
RESERVED FOR REGISTRAR'S USE 28.									

VS-2 R-69

STATE OF OREGON

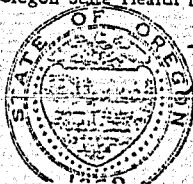
County of Multnomah

ss.

DATE ISSUED

JUNE 20, 1973

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official custody.



STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Sisemore &amp; Zamsky

this 28 day of June A.D., 1973, at 11:11 o'clock A.M., and duly recorded in

Vol. M-73, of Deeds on Page 8138

fee 2.00

WM. D. MILNE, County Clerk

By

Hazel Dragic