47357

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Local File Number 137

CERTIFICATE OF DEATH

Vol. M 78 Page 8818

DECEASED—NAME First	Middle	Last	State File Number
1 CATHERINE	SARAH	COLLMAN	

RACE (White, Black, American Indian, etc.)(specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos / days	Under 1 day: hours / min	DATE OF DEATH (month, day, year)
3 White	4 Female	5a 89	5b	5c	7 April 18, 1978

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	DATE OF BIRTH (month, day, year)
7a Klamath	7b Klamath Falls	7c Presbyterian Intercommunity	6 October 13, 1888

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	IF HOSP OR NST indicate DOA, OP Emer Rm, Inpatient (Specify)
8 Minnesota	9 USA	10 Widowed	11 —	7d Inpatient

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13 544 - 42 - 9745 - D	14a Housewife	14b At home	12 No

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 3836 Austin 97601	15e No

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 James - Downhour	17 —	18 Catherine Parkhurst (Daughter)

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Klamath Memorial Park	19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE OR person acting As Such [Signature] 20a

NAME AND ADDRESS OF FACILITY 20b Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature] ▶ M.D.

DATE SIGNED (Mo., Day, Yr.) 21b 4/18/78

HOUR OF DEATH 21c 9:20 A. M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dave Seeley, M.D., Medical Dental Building, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	REGISTRAR
22a APR 18 1978	22b [Signature] ▶ Marian Johnson

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Coronary heart disease 2° CHF Dr by Illness — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Peripheral vasc disease & Osteoporosis

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
26a	26b	26c M	24 No	25 (Specify Yes or No) No

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED	LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE
26e	26f	26d	26g

RESERVED FOR REGISTRAR'S USE

Returned to Wm. Hanong

VS-2 Rev-1-78 P-65412

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Johnson Deputy Registrar
Date APR 25 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of May A.D., 19 78 at 10:09 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 8818.

FEE $3.00

WM. D. MILNE, County Clerk

By Blanche A Black Deputy