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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.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 227

STATE FILE NO. 65 013880

DATE RECEIVED OCT 27 1965

1. NAME OF DECEASED (First / Middle / Last): Homer W. Collins

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 2B: 18 yrs
D. NAME OF HOSPITAL OR INSTITUTION: Klamath Valley Hospital

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Merrill
D. STREET ADDRESS, RURAL ROUTE, ETC.: Merrill

4. DATE OF DEATH (Month / Day / Year): Sept. 29 1965

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARITAL STATUS: Married

8. SOCIAL SECURITY NO.: 446 16 6384

9. USUAL OCCUPATION: Mechanic

10. KIND OF BUSINESS OR INDUSTRY: auto garage

11. NAME OF SPOUSE: Opal Collins

12. DATE OF BIRTH (Month / Day / Year): June 26 1965

13. AGE LAST BIRTHDAY (Yrs.): 53

14. BIRTHPLACE (State or Foreign Country): Hugo, Oklahoma

15. WAS DECEASED A CITIZEN OF: U.S.

16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: Wallace Collins

18. MAIDEN NAME OF MOTHER: Lula Griffith

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Opal Collins, widow

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute lymphocytic leukemia — Interval between onset and death: 5 months
DUE TO (B):
DUE TO (C):
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?

22. Was an autopsy performed? No

23. WAS DEATH RESULT OF: Accident / Suicide / Homicide

24A. IF ACCIDENT, DID INJURY OCCUR: At Work / Not At Work

25A. PLACE OF INJURY

25B. CITY / COUNTY / STATE

26. TIME OF INJURY

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I attended the deceased from 8/12/64 to 9/29/65 and that the death occurred at 8:50 AM from the causes and on the date stated above.
[signature] MD — Klamath Falls 9/30/65

29. RESERVED FOR REGISTRAR'S USE: 204.3

30A. DECEASED WILL BE: Buried
DATE: 10/2/65
NAME OF CEMETERY OR CREMATORY: Eternal Hills Mem. Grds.
LOCATION: Klamath Falls Oreg

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-5-65

32. REGISTRAR'S SIGNATURE: [signature]

33. FUNERAL DIRECTOR: [signature] O'Hair's 515 Pine Klamath Falls Ore