33981

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH
ORS – 146

145 — Local File Number

State File Number

1 DECEASED—NAME: HAROLD LELAND HOLLIS, SR.			2 DATE OF DEATH (MONTH, DAY, YEAR): April 23, 1982
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 51	6 DATE OF BIRTH (MONTH, DAY, YEAR): April 1, 1931
7A CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.): 4516 Altamont Drive	7C IF HOSP. OR INST., INDICATE DOA, OP/EMERG RM., INPATIENT (SPECIFY)	7D COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Elizabeth
12 SOCIAL SECURITY NUMBER: 542 - 32 - 9972	13 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 14A Millworker	14B KIND OF BUSINESS OR INDUSTRY: Lumber	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
15A RESIDENCE—STATE: Oregon	15B COUNTY: Tillamook	15C CITY, TOWN, OR LOCATION: Cloverdale	15D STREET AND NUMBER OR R.F.D.: PO Box 62
15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No			
16 FATHER NAME FIRST MIDDLE LAST: Seth Leland Hollis	17 MOTHER MAIDEN NAME FIRST MIDDLE LAST: Violet I. Calvert	18 INFORMANT NAME AND RELATIONSHIP TO DECEASED: Elizabeth Hollis / Wife	
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation	19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens	19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE: James K. Ward	20B NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601		

CERTIFICATION MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): About 10:00 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): April 24, 1982/12 Noon	21C FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21D CERTIFIER — SIGNATURE: George R. Nicholson	NAME (TYPE OR PRINT): George R. Nicholson, MD — DEGREE OR TITLE		
MEDICAL EXAMINER FOR: KLAMATH COUNTY	21E DATE SIGNED (MONTH, DAY, YEAR): APR 2 9 1982		
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): APR 2 9 1982	22B REGISTRAR (SIGNATURE): Claudia Kennis		

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

23 IMMEDIATE CAUSE
(a) Cerebral Destruction — INTERVAL BETWEEN ONSET AND DEATH: unk
DUE TO, OR AS A CONSEQUENCE OF:
(b) Contact Gunshot Wound of Forehead — 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)

25A DATE OF INJURY (MONTH, DAY, YEAR): April 23, 1982	25B HOUR: About 10:00PM	25C HOW INJURY Ooccurred (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Self inflicted gunshot wound to the head	24 AUTOPSY (SPECIFY YES OR NO): Yes
25D INJ. AT WORK (SPECIFY YES OR NO): No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): At Home	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 4516 Altamont/Klamath Falls/Klamath/Oregon	

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY — HS-107 REV. 1-80

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Kennis, Deputy Registrar
Date APR 2 9 1982
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 29th day of February A.D., 19 84 at [illegible] o'clock [illegible] M. and duly recorded in Vol M84, of Deeds on page 3175.

CR 4.00

EVELYN BIEHN, COUNTY CLERK

Fee $4.00

by Pam Smith Deputy

Return: Elizabeth Clark Box 62 Cloverdale, Oregon 97112