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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

151 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First VERNIE Middle BLAIR Last COLLINS

2 DATE OF DEATH (month, day, year): April 21, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 90

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 14, 1894

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Convalescent Cent.

7c IF HOSP OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Missouri

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SPOUSE (IF MARRIED, WIDOWED): Fredrick Collins

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 544-50-6908

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1401 Campus Dr. 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: John - Blair

17 MOTHER—first middle last (Maiden Name): Elizabeth - Williams

18 INFORMANT—NAME and relationship to deceased: Kenneth E. Collins, Son

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ollar

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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]: Mark S. Kochevar M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 4-22-85

21c HOUR OF DEATH: 6:05 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d Mark S. Kochevar, M.D., 1905 Main St., Klamath Falls, Ore. 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 23 1985

22b REGISTRAR [Signature]: Marian E. Ackerman

PART I

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

(a) DUE TO, OR AS A CONSEQUENCE OF: Cardio-respiratory arrest — Interval between onset and death: minutes

(b) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart failure — Interval between onset and death: yrs.

(c) Arterio-sclerotic heart disease — Interval between onset and death: yrs.

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Senility

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK [Specify Yes or No]

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Marian E. Ackerman, Deputy Registrar

Date APR 26 1985

VOID IF ALTERED

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

Jewell A. Bingley 1530 Ward, Klamath Falls, Or 97603

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 30th day of April A.D., 1985 at 4:16 o'clock P M, and duly recorded in Vol M85 of Deeds on page 6309.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: _____, Deputy