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STATE OF OREGON

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OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

## DISPOSITION

## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

## CAUSE OF DEATH

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month day year)	
ALFRED		DOUGLAS		COLLIER				September 6, 1985	
1 RACE White Black American Indian etc (specify)		3 SEX Male		4 AGE—Last birthday (years) 92		5a Under 1 year mos days		5b Under 1 day hours min	
6 DATE OF BIRTH (month day year) December 14, 1892		7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 1401 Pacific Terrace		7c IF HOSP OR INST indicate DOA OP: Emer., 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) Ethel F. Collier		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
13 SOCIAL SECURITY NUMBER 543-10-4975		14a USUAL OCCUPATION (give kind of work done during most of working life when retired) Self Employed Retail Lumber		14b KIND OF BUSINESS OR INDUSTRY Lumber					
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP 1401 Pacific Terrace 97601		15e Inside City Limits (specify yes or no) Yes	
16a FATHER—NAME first middle last Charles Morse Collier		16b MOTHER—first middle last (Maiden Name) Janet Maria McCornack		16c INFORMANT—NAME and relationship to deceased Eleanor Ehlers, Daughter					
17a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation		17b CEMETERY OR CREMATORY—NAME Klamath Cremation Service		17c LOCATION City or town State Klamath Falls, Ore.					
18a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Mike Ochoa		18b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.		18c DATE SIGNED (Mo., Day, Yr.) Sept. 6, 1985		18d HOUR OF DEATH 5:10 P.		18e M	
19a (I find best of my knowledge death occurred at the time, date and place and due to the cause(s) stated) (Signature) Blake Berven		19b NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601		19c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
20a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 9 1985		20b REGISTRAR (Signature) MARIAN ACKERMAN		20c IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		20d Interval between onset and death 48 hrs		20e Interval between onset and death 5 YEARS	
21a (a) DUE TO, OR AS A CONSEQUENCE OF Renal failure with uremia		21b (b) DUE TO, OR AS A CONSEQUENCE OF Generalized atherosclerosis		21c (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		21d AUTOPSY (Specify Yes or No) No		21e WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
22a ACCIDENT (Specify Yes or No)		22b DATE OF INJURY (Mo., Day, Yr.)		22c HOUR OF INJURY		22d DESCRIBE HOW INJURY OCCURRED		22e	
23a INJURY AT WORK (Specify Yes or No)		23b PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		23c LOCATION		23d STREET OR R.F.D. NO		23e CITY OR TOWN STATE	
24a		24b		24c		24d		24e	

ORIGINAL—VITAL STATISTICS COPY

452 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman, Deputy Registrar  
Date Sept 9, 1985  
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 18th day  
of September A.D., 19 85 at 11:06 o'clock A M., and duly recorded in Vol. M85  
of Deeds on Page 15236.

FEE \$5.00

Evelyn Biehn County Clerk  
By Pam Smith

Ret. Elmer Collier  
1338 Pacific Terrace  
Cody