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

CERTIFICATE OF DEATH

State File Number

1. COLLEEN GERTRUDE STINSON
2. DATE OF DEATH (month day year): March 2, 1986
3. SEX: Female
4. DATE OF BIRTH (month day year): September 28, 1929
5. AGE: 56
6. COUNTY OF DEATH: Klamath
7. LOCATION OF DEATH: Klamath Falls, Oregon
8. HOSPITAL OR OTHER INSTITUTION—NAME: 2904 Summers Lane / At Home
9. IF HOSP. OR INST. INDICATE DOA OP Emer. Rm. Inpatient (Specify)
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED WIDOWED): Wallace
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. CITIZEN OF WHAT COUNTRY: U.S.A.
14. USUAL OCCUPATION (Give kind of work done during most working years): Registered Nurse
14b. KIND OF BUSINESS OR INDUSTRY: Nursing
15. SOCIAL SECURITY NUMBER: 540 - 34 - 0158
16. CITY, TOWN, OR LOCATION: Klamath Falls
17. STREET AND NUMBER OR R.F.D., ZIP: 2904 Summers Lane 97603
18. Inside City Limits (specify yes or no): No
19. COUNTY: Klamath
20. STATE: Oregon
21. MOTHER'S NAME (Maiden Name): Thelma Brewster
22. INFORMANT—NAME and relationship to deceased: Wallace Stinson / Spouse
23. FATHER'S NAME: Thomas McEnerney
24. LOCATION (City or Town, State): Klamath Falls, Oregon
25. METHOD OF DISPOSITION: Burial
26. CEMETERY OR CREMATORY NAME: Mt. Calvary Cemetery
27. NAME & ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601
28. LICENSE NUMBER: Jim Lancaster
29. DATE SIGNED (Mo. Day Yr.): 3-3-86
29c. HOUR OF DEATH: 7:20 A.M.
30. PLACE OF DEATH (Check one): Hospital
31. NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD / 2622 Campus Dr. / Klamath Falls, Ore.
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
33. DATE RECEIVED BY REGISTRAR: MAR 5 1986
34. REGISTRAR: Marian Ackerman
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): METASTATIC BRONCHOGENIC CARCINOMA — Interval between onset and death: 7 years
36. DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death:
37. DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death:
38. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)
39. AUTOPSY (Specify Yes or No): No
40. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
41. WAS OPERATION PERFORMED FOR ABOVE CONDITION (Specify Yes or No): No
42. DATE OF INJURY (Mo. Day Yr.)
43. HOUR OF INJURY
44. DESCRIBE HOW INJURY OCCURRED
45. PLACE OF INJURY—At home, farm, factory, office building, etc. (Specify)
46. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE
47. 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman, Deputy Registrar

Date March 18, 1986

VOID IF ALTERED

(SEAL)

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 24th day of March A.D., 19 86 at 3:18 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 4855

Evelyn Biehn, County Clerk
By _____

FEE $5.00

Return: Wallace Stinson 2904 Summers Ln. Klamath Falls, Oregon 97603