

62349

JUN 9 1986

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

Vol. M86 Page 9970

07761

ID TAG NO.

206

Local File Number

CERTIFICATE OF DEATH

ORS — 146

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED — NAME			First			Middle			Last			DATE OF DEATH (month, day, year)		
1 Steven			P			COUCH			2 May 28, 1986					
3 White			4 Male			5a 38			5b mos. days			5c Under 1 year		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION — NAME			IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)			COUNTY OF DEATH					
7a Klamath Falls			7b Merle West Medical Center			7c Emerg. Rm.			7d Klamath					
8 Oregon			9 U.S.A.			10 Married			11 Sandra L. Couch			12 No		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY								
13 540-48-5510			14a Attorney			14b Law								
RESIDENCE — STATE			COUNTY			CITY, TOWN OR LOCATION			STREET AND NUMBER OR R.F.D.			ZIP		
15a Oregon			15b Klamath			15c Klamath Falls			15d 2425 Pine Grove Rd.			15e NO		
FATHER — NAME			MOTHER — NAME			INFORMANT — NAME and relationship to deceased								
16 Lloyd J. Couch			17 Daphnie M. Clapper			18 Sandra L. Couch, Wife								
BURIAL, CREMATION, REMOVAL, MAUS. (specify)			CEMETERY OR CREMATORY — NAME			LOCATION city or town state								
19a Burial			19b Klamath Memorial Park			19c Klamath Falls, Ore.								
FUNERAL SERVICE LICENSEE or person acting as such (Signature)			NAME AND ADDRESS OF FACILITY											
20a Mike O'Hair			O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O.											
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:														
DEATH OCCURRED (Hour)				THE DECEASED WAS PRONOUNCED DEAD				FROM:						
21a 7:00 P.				21b May 28, 1986				21c 7:00 P.						
CERTIFIER (Signature)				NAME AND TITLE — (Type or Print)										
21d Robert E. Jamison				M.D.				21e Robert E. Jamison, M.D.						
MEDICAL EXAMINER				DATE SIGNED (Month, Day, Year)										
21f Klamath				21g 5/29/86										
DATE RECEIVED BY REGISTRAR (M., Day, Year)				REGISTRAR										
22a May 29, 1986				22b (Signature) — Deborah E. Chausick										
PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]														
(a) Massive Cerebral Trauma														
(b) Self-inflicted contact gunshot wound to head														
(c) OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)														
DATE OF INJURY (Month, Day, Year)														
23a May 28, 1986														
HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)														
23b 7:00 P.M. 23c Self-inflicted contact gunshot wound to head from 38 revolver														
INJ. AT WORK (Specify Yes or No)														
24a No														
PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)														
24b Highway														
LOCATION (Street or R.F.D. No., City or Town, County, State)														
24c Greensprings Dr. & Riverside St., Klamath Falls, Klamath, Oregon														
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?														
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>														
WAS GIFT MADE?														
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>														
RESERVED FOR REGISTRAR'S USE														

45-107 Rev. 1-86

ORIGINAL-VITAL STATISTICS COPY

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 Deborah E. Chausick, Deputy RegistrarDate June 3, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 9th day
of June A.D. 19 86 at 2:52 o'clock P. M., and duly recorded in Vol. M86,
of _____ Deeds on Page 9970.

FEE \$5.00

Evelyn Biehn, County Clerk
By Don Smith

Ret: Neal G. Buchanan, Attorney 601 Main St., Ste. #210, Klamath Falls, Ore. 97601