Vol M86 Page 17669

B 2554
ID TAG NO. 290
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
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

1 DECEASED — NAME: First: Charlene; Middle: R.; Last: COLLIER
2 DATE OF DEATH (month, day, year): July 27, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Female
5a AGE — Last birthday (years): 55
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): May 6, 1931
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
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): Arkansas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced
11 SPOUSE (IF MARRIED, WIDOWED): -
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 543-30-9478
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook - Companion
14b KIND OF BUSINESS OR INDUSTRY: Culinary
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 4311 Ezell Street ZIP 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: William Jennings Miller
17 MOTHER — first middle last (Maiden Name): Leona G. Turner
18 INFORMANT — NAME and relationship to deceased: Lynette C. Clay, Daughter

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service
19c LOCATION city or town state: Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mike Allen
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

CERTIFIER

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): Kenneth L. Tuttle M.D.
21b DATE SIGNED (Mo., Day, Year): July 28, 1986
21c HOUR OF DEATH: 5:25 A. M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Kenneth L. Tuttle, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon ZIP 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): July 28 1986
22b REGISTRAR (Signature): Barbara E. Crawford

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]
PART I (a) Metastatic adenocarcinoma of right lung — Interval between onset and death: 3 months
DUE TO, OR AS A CONSEQUENCE OF: (b) — 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).
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, Year)
26c HOUR OF INJURY M
26d DESCRIBE HOW INJURY Ooccurred
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

27a HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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 Ackerman, Deputy Regisrtar

Date SEP 29 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 29th day of September A.D., 19 86 at 2:51 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 17669.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: George W. Fullerton H.C. 60, Quartz Mountain, Lakeview, Oregon 97630