MTC 17925

73373
'87 APR 13 AM 10 58

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

Vol. M87 Page 6135

F 356

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First KATHERINE	Middle IRENE	Last KARNES	2 DATE OF DEATH (month, day, year): September 2, 1984
3 RACE (White, Black, American Indian, etc.): White	4 SEX: Female	5a AGE—Last birthday (years): 69	6 DATE OF BIRTH (month, day, year): November 1, 1914
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4526 El Cerrito Way	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): Wisconsin	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Vernon
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No			
13 SOCIAL SECURITY NUMBER: 540 - 20 - 4785	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Dept. Manager - Retired	14b KIND OF BUSINESS OR INDUSTRY: Retail Department Store	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 4526 El Cerrito Way 97603
15e Inside City Limits (specify yes or no): No			
16 FATHER—NAME first middle last: Andrew White	17 MOTHER—first middle last (Maiden Name): Eva Polanski	18 INFORMANT—NAME and relationship to deceased: Garry D. Karnes - 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, Or	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward	20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or / 97601		
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]: Robert Payne MD	21b DATE SIGNED [Mo., Day, Yr.]: 9 - 6 - 84	21c HOUR OF DEATH: 5:30 p M	
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Robert Payne, MD / 905 Main, Suite 204 / Klamath Falls, Or / 97601			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]			
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 7 1984	22b REGISTRAR [Signature]: Katherine E Crawford		

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	melastatic carcinoma of brain	3 mo
DUE TO, OR AS A CONSEQUENCE OF: (b)	carcinoma of left colon	12 mo
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): melastatic carcinoma of liver.

24 AUTOPSY [Specify Yes or No]: No	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes				
26a ACCIDENT [Specify Yes or No]: 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Crawford, Deputy Registrar
Date) SEP 7 1984
VOID IF ALTERED

(SEAL)

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

Return to: LFFSR, 2943 S. 6th - KFalls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 13th day of April A.D., 19 87 at 10:58 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 6135.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00