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STATE OF OREGON
OREGON STATE HEALTH DIVISION Vol. M87 Page 6166
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEDENT—NAME: First KATHERINE Middle IRENE Last KARNES

1 RACE White, Black, American Indian, etc. (specify): White
2 SEX: Female
3 AGE—Last birthday (years): 69
4 Under 1 year: mos / days
5 Under 1 day: hours / min
6 DATE OF DEATH (month, day, year): September 2, 1984
7 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]: [signature]
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]: [signature]

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Metastatic carcinoma of brain — Interval between onset and death: 3 mo
DUE TO, OR AS A CONSEQUENCE OF:
(b) Carcinoma of left colon — Interval between onset and death: 12 mo
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): Metastatic carcinoma of liver.

26a ACCIDENT [Specify Yes or No]: No
26b DATE OF INJURY [Mo., Day, Yr.]:
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
24 AUTOPSY [Specify Yes or No]: No
25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar
Date SEP 7 1984

VOID IF ALTERED

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

Wh. C. DD Return to will pickup

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D., 1987 at 2:04 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 6166.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]