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09736 ID TAG NO.

478 Local File Number

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

CERTIFICATE OF DEATH

ORS 146

State File Number

1 DECEASED — NAME (First) VERNON	(Middle) DELL	(Last) KARNES	2 DATE OF DEATH (month, day, year) December 22, 1986	
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Male	5a AGE — Last birthday (years) 78	5b Under 1 year: mos. days	5c Under 1 day: hours min.
6 DATE OF BIRTH (month, day, year) August 18, 1908				
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 4711 Hwy #39	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) Widowed	11 SPOUSE (IF MARRIED, WIDOWED) Katherine	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
13 SOCIAL SECURITY NUMBER 397-03-8027	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker - Ret.	14b KIND OF BUSINESS OR INDUSTRY Construction		
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 4526 El Cerrito Way ZIP 97603	15e Inside City Limits (specify yes or no) No
16 FATHER — NAME first middle last Norman Karnes	17 MOTHER — first middle last (Maiden Name) Rose Joyce	18 INFORMANT — NAME and relationship to deceased Garry 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, Ore.		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Don Lancaster	20b NAME AND ADDRESS OF FACILITY Ward's Funeral Hm./1945 Main St./K.Falls, Ore.			

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:

21a DEATH OCCURRED (Hour) 8:50 A. M	21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour: Dec. 22, 1986 8:50 A.M	21c FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21d CERTIFIER (Signature) Robert M Edwards M.D.		21e NAME AND TITLE — (Type or Print) Robert Edwards, MD	
21f MEDICAL EXAMINER For: Klamath County		21g DATE SIGNED (Month, Day, Year) December 23, 1986	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) December 23, 1986	22b REGISTRAR (Signature) Tatiana E. Cravinho		

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

PART I
(a) Gun Shot Wound to abdomen, self inflicted — Interval between onset and death
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) — AUTOPSY (Specify Yes or No) 24

25a DATE OF INJURY (Month, Day, Year) Dec. 22, 1986	25b HOUR 8:30 AM	25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) self inflicted gunshot wound to lf. abdomen	
25d INJ. AT WORK (Specify Yes or No) No	25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Cemetery	25f LOCATION (Street or R.F.D. No., City or Town, County, State) Eternal Hills - 4711 Hwy #39 - Klamath Falls, Klamath County, Oregon	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ — WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Tatiana E. Cravinho Deputy Registrar

Date December 23, 1986

VOID IF ALTERED

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

Mail Copy Return to: will Pick up

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 13th day of April A.D., 19 87 at 2:04 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 6167.

FEE $5.00

Evelyn Biehn, County Clerk
By Ann Smith