79755 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION
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'87 SEP 25 P1 3 02

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

86-004299

95
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 67

DECEDENT

1 DECEASED—NAME (First, Middle, Last): OPAL COULTER
DATE OF DEATH (month, day, year): March 3, 1986
3 RACE (White, Black, American Indian, etc. (Specify)): White
4 SEX: Female
5a AGE—Last Birthday (years): 76
5b Under 1 year: months
5c Under 1 day: hours, min.
6 DATE OF BIRTH (month, day, year): March 6, 1909
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1636 Crescent St./At Home
7c IF HOSP. OR INST. indicate DOA, OP, Emer. Rm., Inpatient (Specify)
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in USA, name country): Oklahoma
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Clarence
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 541 - 24 - 8448
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife 91496
14b KIND OF BUSINESS OR INDUSTRY: At Home
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls 13
15d STREET AND NUMBER OR R.F.D., ZIP: 1636 Crescent St. 97601
15e Inside City Limits (Specify yes or no): Yes
16 FATHER—NAME (first, middle, last): Crandal Huffman
17 MOTHER—NAME (first, middle, last, (Maiden Name)): Nell Grace Bailey
18 INFORMANT—NAME and relationship to deceased: C.R. Coulter / Spouse
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19c LOCATION (city or town, state): Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): Jim Lancaster
20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601

POSITION
1
2 182
3

To be Completed by CERTIFIED PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]
21b DATE SIGNED (Mo., Day, Yr.): 9-4-86
21c HOUR OF DEATH: 7:00 A. M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD 2622 Campus Dr. Klamath Falls, Ore. 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CERTIFIER

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): March 7, 1986
22b REGISTRAR (Signature): Kathleen E Cramsko

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

PART I
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
(a) MYOCARDIAL INFARCTION — Interval between onset and death: minute
DUE TO, OR AS A CONSEQUENCE OF
(b) ARTERIOSCLEROTIC HEART DISEASE — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

USE OF DEATH

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
DIABETES PEPTIC ULCER
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
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

Father's
Bobbie Allen
1621 Johnson St
Coos Bay 97420

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12 83

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED SEP 23 1987

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of September A.D., 19 87 at 3:02 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 17474.

Evelyn Biehn, County Clerk

FEE $5.00

By [signature]