37616
I.D. TAG NO.

356
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
James	Lawrence	COLEMAN	M	Sept. 18, 1988

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Mos. / Days	5c. UNDER 1 DAY Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
543/09/4060	68			No. Bend, Or.	June 27, 1920

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Merle West Medical Center	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Serviceman	Appliance Dealership	Married	Blanche

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	2224 Siskiyou

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97601	☒ No ☐ Yes Specify:	White	12	

PARENTS

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Amos Bryce Coleman	Katherine - Webber	Blanche Coleman / Wife

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Eternal Hills Memorial Gardens	Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Or Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James K. Ward	3409	Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH	24. WAS MEDICAL EXAMINER NOTIFIED?	25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)	26. DATE SIGNED (Month, Day, Year)
1525 M	☐ Yes ☒ No	Wm A Bartlett	9/19/88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH	27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)	29. DATE SIGNED (Month, Day, Year)	COUNTY
M	M			

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
William A. Bartlett, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

		Interval between onset and death
PART I (a)	Cardiac Dysrhythmia	minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	Acute Myocardial Infarction	Interval between onset and death 20 mins.
(c) DUE TO, OR AS A CONSEQUENCE OF:	Coronary Atherosclerosis	Interval between onset and death Years
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)	Myocardial Aneurysm	33. AUTOPSY ☐ Yes ☒ No

34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY Ooccurred
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner		M	☐ Yes ☐ No	

36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE	38. DATE FILED (Month, Day, Year)
Michelle Batleff	SEP 21 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	40. WAS GIFT MADE?
☐ YES ☐ NO ☐ N/A	☐ YES ☐ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

3.00

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1988

DATE ISSUED SEP 21 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Blanche Coleman the 27th day of Sept. A.D., 19 88 at 2:53 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 16109.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Blanche Coleman
2224 Siskiyou, K.Falls,Or. 97601