

D-5571
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

Local File Number

1. DECEDENT'S NAME First: Leo Middle: Alson Last: COLLIER		2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 16, 1989
4. SOCIAL SECURITY NUMBER 557-22-5949		5a. AGE - Last Birthday (Years) 64	5b. Under 1 Year Mon. Days Hours Mins.
5c. Under 1 Day Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Buhl, Idaho	
7. DATE OF BIRTH (Month, Day, Year) December 6, 1924		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ E/O Outpatient ☐ DOA ☒ Other: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Mountain View Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver	
10b. KIND OF BUSINESS/INDUSTRY Transportation		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Audrey M.		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 7804 Big Buck Lane		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
17. FATHER - NAME first middle last John L. Collier		18. MOTHER - NAME first middle maiden Clara Eggleston	
19. INFORMANT - NAME and relationship to deceased Audrey M. Collier, wife		20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Everett Hills Crematory		20c. LOCATION - City or Town, State Klamath Falls, OR 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of License) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) SEP 18 1989	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A		27. TIME OF DEATH 0330 A.M.	
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Raymond Tice</i>	
30. DATE SIGNED (Month, Day, Year) September 16, 1989		31a. TIME OF DEATH M	
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year)		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print) Raymond Tice, MD, 905 Main Street, Klamath Falls, Oregon 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. 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.) (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Diabetes DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerotic heart disease	
37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk		38. AUTOPSY ☒ Yes ☐ No	
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A		40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M	
41c. INJURY AT WORK? ☐ Yes ☒ No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED **SEP 18 1989**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Audrey Collier** the **15th** day of **Dec.** A.D., 19 **89** at **4:50** o'clock **PM.**, and duly recorded in Vol. **M89** of **Leeds** on Page **24355**.

FEE \$8.00

By **Audrey Collier**
7804 Big Buck Ln, Klamath Falls, Or. 97601

Evelyn Biehn, County Clerk

By *Donna A. Verling*