ASPEN 02035221

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

16404

'90 JUN 14 PM 4 42

Vol. M90 Page 11952

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

00612 ID TAG NO
468 Local File Number

86-022503 State File Number

CERTIFICATE OF DEATH

1 DECEASED — NAME (First) Carl	(Middle) Clifford	(Last) COLLIS	2 DATE OF DEATH (month, day, year) December 16, 1986
3 RACE (White, Black, American Indian, etc.) (specify) White	4 SEX Male	5a AGE (Last birthday) (years) 45	6 DATE OF BIRTH (month, day, year) February 13, 1941
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 2802 Biehn St.	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) Oregon	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Elna Sue Collis
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No			
13 SOCIAL SECURITY NUMBER 566-54-5771	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Design Engineer	14b KIND OF BUSINESS OR INDUSTRY Lumber	
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 2802 Biehn St. ZIP 97601
15e Inside City Limits (specify yes or no) Yes			
16 FATHER — NAME first middle last Carter - Collis	17 MOTHER — first middle last (Maiden Name) Annie - Hurst	18 INFORMANT — NAME and relationship to deceased Elna Sue Collis, Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY — NAME Fort Klamath Cemetery	19c LOCATION city or town, state Fort Klamath, Oregon	
20 FUNERAL SERVICE LICENSEE or [illegible] acting as such (Signature)	NAME AND ADDRESS OF FACILITY McClair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore		

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) [signature] M.D. 21b DATE SIGNED (Mo., Day, Years) 12-16-86 21c HOUR OF DEATH 10:30 A. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)
21d Arthur G. Freeland, M.D., 1905 Main St., Klamath Falls, Ore. ZIP 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) December 16, 1986 22b REGISTRAR (Signature) [signature]

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

PART I
(a) Liver Cancer (Metastatic carcinoma) — Interval between onset and death: 4 yrs
DUE TO, OR AS A CONSEQUENCE OF
(b) N/A — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) N/A — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a)
None

24 AUTOPSY (Specify Yes or No) No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	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

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

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 1-86

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 JUN 14 1990

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 18th day of June A.D., 19 90 at 4:42 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 11952.

Evelyn Biehn - County Clerk
By Pauline Mulvaney

FEE $8.00

Return: A.T.C.