CERTIFICATION OF VITAL RECORD

17002

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M90 Page 12970

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

06270
ID TAG NO.

CERTIFICATE OF DEATH
ORS — 146

Local File Number

State File Number

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

DECEDENT

1. DECEASED — NAME: First: EDNA; Middle: RACHAEL; Last: KOEHLER
2. DATE OF DEATH (month, day, year): June 7, 1986 (Found)
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Female
5a. AGE — Last Birthday (Years): 80
5b. Under 1 year: Months / Days
5c. Under 1 day: Hours / Minutes
6. DATE OF BIRTH (month, day, year): December 24, 1905
7a. CITY, TOWN OR LOCATION OF DEATH: Portland
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 6872 S. E. Division
7c. If Hosp or Inst: Inpatient, ER, Outpatient, DOA, Dead on Arrival
7d. COUNTY OF DEATH: Multnomah
8. STATE OF BIRTH (If not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SPOUSE (If Married, Widowed, or Divorced) — NAME: James H.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No
13. SOCIAL SECURITY NUMBER: 541-30-1634
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaker
14b. KIND OF BUSINESS OR INDUSTRY: Own Home
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Multnomah
15c. CITY, TOWN OR LOCATION: Portland
15d. STREET AND NUMBER OR R.F.D.: 6872 SE Division
15e. ZIP CODE: 97206
15f. Inside City Limits (Specify yes or no): Yes
16. FATHER — NAME (First, Middle, Last): Viscount Frances
17. MOTHER — NAME (First, Middle, Last, Maiden Name): Ella Warnock
18. INFORMANT — NAME and relationship to deceased: James Koehler - Son

DISPOSITION

19a. METHOD (Burial, Cremation, Removal, Donation, etc.): Burial
19b. PLACE (Cemetery, Crematory, Other — Name): Klamath Memorial Part
19c. LOCATION (City or Town, State): Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE (Signature):
20b. NAME AND ADDRESS OF FACILITY: Davenports Funeral Home 6420 S 6th St Klamath Falls, OR

CERTIFIER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE OR CAUSED TO BE MADE AN INQUIRY AS TO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT
21a. DEATH OCCURRED (Hour): 2
21b. DATE: June 7, 1986
21c. THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): 6:30 PM
21d. FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
22. CERTIFIER (Signature): Karen Gunson MD
23. NAME AND TITLE — (Type or Print): KAREN GUNSON, M. D.
24. MEDICAL EXAMINER — For: STATE OF OREGON — County:
25. DATE SIGNED (Month, Day, Year): June 9, 1986
26. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUN 10 1986
27. REGISTRAR (Signature):

CAUSE OF DEATH

28. IMMEDIATE CAUSE (Final disease or condition resulting in death): (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): CHRONIC OBSTRUCTIVE PULMONARY DISEASE
29. DATE OF INJURY (Month, Day, Year):
30. HOUR:
31. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 28):
32. DID INJURY OCCUR WHILE AT WORK? (Specify Yes or No):
33. PLACE OF INJURY — At Home, Farm, Street, Factory, Office Bldg., etc. (Specify):
34. LOCATION (Street or R.F.D. No., City or Town, County, State):
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDER? YES [ ] NO [ ] N/A [ ]
WAS GIFT MADE? YES [ ] NO [ ] N/A [ ]
36. RESERVED FOR REGISTRAR'S USE
37. AUTOPSY (Specify Yes or No): NO

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 10 1986

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Connie Schuetze the 2nd day of July A.D., 19 90 at 2:20 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 12970.

FEE $8.00

Evelyn Biehn - County Clerk
By Pauline Mininodes

Return: Connie Schuetze
6872 SE Division, Portland, Or. 97206