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# OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

Vol. M92 Page 21581
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## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH

136-

91-011759

State File Number

Local File Number

1. DECEDENT'S NAME First: <u>George</u> Middle: <u>Douglas</u> Last: <u>KOHLER</u>			2. SEX <u>Male</u>		3. DATE OF DEATH (Month, Day, Year) <u>June 13, 1991</u>		
4. SOCIAL SECURITY NUMBER <u>540-16-8795</u>		5a. AGE - Last Birthday (Years) <u>82</u>		5b. Under 1 Year Mos. <u>    </u> Days <u>    </u> Hours <u>    </u> Mins. <u>    </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Ogallala, Nebraska</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>September 24, 1908</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify): <u>    </u>					
9. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		11. COUNTY OF DEATH <u>Klamath</u>			
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Manager</u>		13. KIND OF BUSINESS/INDUSTRY <u>Irrigation District</u>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>			
15. RESIDENCE - STATE <u>Oregon</u>		16. COUNTY <u>Klamath</u>		17. STREET AND NUMBER <u>7343 Hager Way</u>			
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE <u>97603</u>		20. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u>    </u>			
21. RACE <u>White</u>		22. DECEASED'S EDUCATION (Specify only highest grade completed) <u>12</u>					
23. FATHER - NAME first middle last <u>Emil - Kohler</u>		24. MOTHER - NAME first middle maiden <u>Mary Alice Armstrong</u>		25. INFORMANT - NAME and relationship to deceased <u>Verna Kohler - Spouse</u>			
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): <u>    </u>		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens Klamath Falls, Oregon</u>					
28. DATE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		29. LICENSE NUMBER (Of Licensee) <u>3224</u>		30. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 Hwy #391 Klamath Falls, Ore. 97601</u>			
31. DATE FILED (Month, Day, Year) <u>JUN 18 1991</u>		32. REGISTRAR'S SIGNATURE <u>Dan Kennedy</u>					
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		34. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
<div style="display: flex; justify-content: space-between;"> <div> <p>35. TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>35a. TIME OF DEATH <u>5:30 A</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>35b. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <u>6/14/91</u></p> <p>35c. DATE SIGNED (Month, Day, Year) <u>Jon G. McKellar</u></p> <p>35d. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, Ore. 97601</u></p> <p>35e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>    </u></p> </div> <div> <p>36. TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>36a. TIME OF DEATH <u>5:30 A</u> M</p> <p>36b. DATE PRONOUNCED DEAD (Month, Day, Year) <u>6/14/91</u></p> <p>36c. 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. <u>    </u></p> <p>36d. DATE SIGNED (Month, Day, Year) <u>    </u></p> <p>36e. COUNTY <u>    </u></p> </div> </div>							
<p>37. 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.)</p> <p>(a) <u>Unknown Natural Causes</u></p> <p>(b) <u>Coronary Heart Disease</u></p> <p>(c) <u>COPD / Retroperitoneal Tumor</u></p> <p>38. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>    </u></p> <p>39. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>41. IF YES were findings considered in determining cause of death?</p>							
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		43a. DATE OF INJURY (Month, Day, Year) <u>    </u>		43b. TIME OF INJURY <u>    </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		43c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>    </u>		45. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>    </u>					

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.

SEP 03 1992

DATE ISSUED

EDWARD J. JOHNSON II,  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

 Filed for record at request of Norman E. Kohler the 21st day  
of Sept. A.D., 19 92 at 11:19 o'clock A M., and duly recorded in Vol. M92  
of Deeds on Page 21581.

Evelyn Biehn - County Clerk

By     

FEE \$10.00

Return: Norman Kohler

7341 Hager Way, Klamath Falls, Or. 97603