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FORM V.S. 3 (1988 revision)

06582

MONTANA
CERTIFICATE OF DEATH

Volume Page 8840

Local File Number

State File Number

1. JOHN		(Middle) GRIFFIN		(Last) COLLINS		SEX Male	DATE OF DEATH (Month, Day, Year) Dec. 21, 1993
RACE—American Indian, Black, White, etc. (Specify) White		AGE—Last Birthday (Years) 5a. 81	UNDER 1 YEAR Months 5b.	UNDER 1 DAY Hours 5c.	DATE OF BIRTH (Month, Day, Year) Dec. 10, 1912	COUNTY OF DEATH Missoula	
7b. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 7c. St. Patrick Hospital 7d. Missoula							
BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR				MARITAL STATUS 9. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced		SURVIVING SPOUSE (If wife, give maiden surname) Virginia Murray	
SOCIAL SECURITY NUMBER 548-05-3814		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Civil engineer		KIND OF BUSINESS/INDUSTRY US Forest Service		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) No	
RESIDENCE—STATE Montana		COUNTY Missoula		CITY, TOWN, OR LOCATION Missoula		STREET NUMBER 325 University	
INSIDE CITY LIMITS? (Yes or no) Yes		ZIP CODE 59801		ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify) Scot-English		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 <input type="checkbox"/> College (14 or 5+) <input checked="" type="checkbox"/> 4	

FATHER'S NAME (First, Middle, Last) Henry C. Collins		MOTHER'S NAME (First, Middle, Maiden Surname) Pannie Macnab	
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INFORMANT'S NAME (Type/Print) Virginia Collins		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 325 University Missoula, MT 59801	
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METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State IRB 12-21-93		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sunset Crematory		LOCATION—City or Town, State Missoula, MT	
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SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION Paul M...		MONTANA LICENSE NUMBER (of Licensee) 341		NAME AND ADDRESS OF FACILITY Livingston-Malletta & Geraghty 224 W. Spruce Missoula, MT	
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23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See Instructions on other side)		Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Arrhythmia Sudden Death		0	
Due TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last. b. Lymphoma		5yrs	
Due TO (OR AS A CONSEQUENCE OF):			
c.			
Due TO (OR AS A CONSEQUENCE OF):			
d.			

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? (Yes or no) No		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
		24a. No			
		25. No			

26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		DATE OF INJURY (Month, Day, Year) 27a.		TIME OF INJURY 27b. M		INJURY AT WORK? (Yes or no) 27c.		DESCRIBE HOW INJURY OCCURRED 27d.		LOCATION (Street and Number or Rural Route Number, City or Town, State) 27e.	
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28a. 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. W.C. Nichols		29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.	
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DATE SIGNED (Month, Day, Year) 12/21/93		HOUR OF DEATH 5:47A		DATE SIGNED (Month, Day, Year) 12/21/93		HOUR OF DEATH 5:47A	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. W.C. Nichols		DATE PRONOUNCED DEAD (Month, Day, Year) 12/21/93		PRONOUNCED DEAD (Hour) 5:47A			

LOCAL REGISTRAR'S SIGNATURE Linda S. Crowley		DATE FILED (Month, Day, Year) December 21, 1993	
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8840

Vol. 11

ANATOM
CERTIFICATE OF DEATH

8840-A

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Edward F. Schultz
on this 29th day of March A.D., 19 96
at 11:53 o'clock A M. and duly recorded
in Vol. M96 of Deeds Page 8840.
Bernetha G. Letsch County Clerk
By Pauline Mullendore
Deputy.

Fee, \$15.00

I certify this to be a true and correct
copy of the document on record in this
book
9-15-95 SEAL
VICKIE R. ZEIER, Missoula County Recorder
By Pauline Mullendore Deputy