CERTIFICATION OF VITAL RECORD

97 MAY 20 P3:21

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MTC 42251-MS

TYPE OR PRINT IN PERMANENT BLACK INK

167935 ID TAG NO.

579 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME: First Elizabeth | Middle Laura | Last OTTOMAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 30, 1995
4. SOCIAL SECURITY NUMBER: 540-10-3760
5a. AGE Last Birthday (Years): 60
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): January 8, 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
9a. PLACE OF DEATH (Check only one): [ ] HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 23643 Adams Point Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrill
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
10b. KIND OF BUSINESS/INDUSTRY: Potato Farming
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Rodney Ottoman
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 23643 Adams Point Road
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97633
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
17. FATHER - NAME first middle last: James A. Bunnell
18. MOTHER - NAME first middle maiden: Helen Agnes Young
19. INFORMANT - NAME and relationship to deceased: Rodney Ottoman - Spouse
20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Tigan
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Blair's Funeral Chapel, 515 Pine Street, Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): DEC 01 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. IF HOSPITAL REPRESENTATIVE MADE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

TO BE COMPLETED BY ATTENDING PHYSICIAN

27. TIME OF DEATH: 2:55 A M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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) Saul Silverman M.D.
30. DATE SIGNED (Month, Day, Year): 11-30-95
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Saul Silverman M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

41a. TIME OF DEATH: M
41b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
42. 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)
43. DATE SIGNED (Month, Day, Year) COUNTY

CAUSES OF DEATH

33. 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.
PART I (a) Metastatic Colon Cancer to brain — Interval between onset and death: 6 Mo
DUE TO, OR AS A CONSEQUENCE OF: (b) Colon Cancer — Interval between onset and death: 5 Yrs
DUE TO, OR AS A CONSEQUENCE OF: (c) —
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to this death? [ ] Yes [ ] Probably [ ] No [X] Unknown
38. AUTOPSY: [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Undetermined Manner [ ] Suicide [ ] Homicide [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [X] 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)

RESERVED FOR REGISTRAR'S USE

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: DEC 01 1995

Janet Bailey-Gober

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 20th day of May A.D., 19 97 at 3:21 o'clock P.M., and duly recorded in Vol. M97 of Deeds on Page 15472.

Bernetha G. Letsch, County Clerk

Return: Rodney I Ottoman
23643 Adams Pt. Rd.
Merrill, Or. 97633

FEE $10.00

by Jacalee Ann