CERTIFICATION OF VITAL RECORD

98 MAR 16 P 4:29

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256375 I.D. TAG NO.

P3 Local File Number

OREGON HEALTH DIVISION

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

Vol M98 Page 8394

136 State File Number

1. DECEDENT'S NAME: First: Karma; Middle: Leona; Last: COULSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 13, 1998
4. SOCIAL SECURITY NUMBER: 544-38-7856
4a. AGE-Last Birthday (Years): 60
4b. If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
5. BIRTHPLACE (City and State or Foreign Country): Lakeview, Oregon
6. DATE OF BIRTH (Month, Day, Year): May 5, 1937
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER (Nursing Home ☐ Decedent's Home ☐ Other (Specify))
8b. FACILITY NAME (If not in institution, give street and number): Merle West Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d. COUNTY OF DEATH: Klamath
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supply Clerk
9b. KIND OF BUSINESS/INDUSTRY: Civil Service/Air Base
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): David Coulson
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Keno
13d. STREET AND NUMBER: 12957 Keno Wardon Rd.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97627
14. WAS DECEDENT OF HISPANIC ORIGIN? Specify No or Yes - If Yes, specify Mexican, Puerto Rican, Cuban, Other: ☐ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER - NAME: First: Kenneth; Last: Cogburn
18. MOTHER - NAME: First: Gladys; Middle: May; Last: Carleton
19. INFORMANT - NAME and relationship to deceased: David Coulson - Spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Tim Lancaster
21b. OREGON LICENSE NO. (Of Licensee): 3824
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 3711 HWY 39, Klamath Falls, Oregon
23. DATE FILED (Month, Day, Year): FEB 18 1998
24. REGISTRAR'S SIGNATURE:
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2106 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ 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)
30. DATE SIGNED (Month, Day, Year): 2/16/98
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. 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)
33. DATE SIGNED (Month, Day, Year) COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Geoffrey Marx 2614 Oliver Klamath Falls, OR 97603
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

36. PART I (a) Intracerebellar Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death: 3 d6.
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 the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ 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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: FEB 18 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David Coulson
of March A.D., 19 98 at 1:29 o'clock P M., and duly recorded in Vol. M98, the 16th day of Deeds on Page 8394.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Pauline Mullenhare