CERTIFICATION OF VITAL RECORD

MTC 48157-MS

PERMANENT BLACK INK 256312

I.D. TAG NO. 565

Local File Number

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

136-

State File Number

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Field	Entry
1. Decedent's Name (First, Middle, Last)	Maggie Arabe COLAHAN
2. Sex	Female
3. Date of Death (Month, Day, Year)	November 1, 1997
4. Social Security Number	544-24-0402
5a. Age Last Birthday (Years)	80
5b. Under 1 Year (Mos. / Days)	
5c. Under 1 Day (Hours / Mins.)	
6. Birthplace (City and State or Foreign Country)	Hildebrand, Oregon
7. Date of Birth (Month, Day, Year)	October 10, 1917
8. Was Decedent Ever in U.S. Armed Forces?	☐ Yes ☒ No
9a. Place of Death (Check only one)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	Merle West Medical Center
9c. City, Town, or Location of Death	Klamath Falls
9d. County of Death	Klamath
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Owner/ Operator
10b. Kind of Business/Industry	Western Beauty College
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Widowed
12. Spouse (If Married, Widowed)	Robert Colahan
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town or Location	Klamath Falls
13d. Street and Number	7115 Turner Court
13e. Inside City Limits?	☐ Yes ☒ No
13f. Zip Code	97603
14. Was Decedent of Hispanic Origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes Specify:
15. Race American Indian, Black, White, etc. (Specify)	White
16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 2+
17. Father - Name (first, middle, last)	Andrew Jackson Lovelady
18. Mother - Name (first, middle, maiden)	Carie Serena Andrews
19. Informant - Name and relationship to deceased	Alta Cochran (Daughter)
20a. Method of Disposition	☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Eternal Hills Mauseleum
20c. Location - City or Town, State	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such	[signature]
21b. License Number (Of Licensee)	3224
22. Name, Address and Zip of Facility	Eternal Hills Funeral Home, 4711 HWY. 39, Klamath Falls, OR 97603
23. Date Filed (Month, Day, Year)	NOV 07 1997
24. Registrar's Signature	Evelyn Simonson
25. Did Hospital Representative Make Request for Anatomical Gift Consent?	☐ Yes ☒ No ☐ N/A
26. Was Gift Made?	☐ Yes ☒ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	2325 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)	[signature]
30. Date Signed (Month, Day, Year)	Nov 14, 1997
34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print)	Blake Barven M.D. 2616 Clover, Klamath Falls, OR 97601
35. Name of Attending Physician if Other Than Certifier (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
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	

36. 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.

Conditions if any which gave rise to immediate cause stating the underlying cause last

Part	Cause	Interval between onset and death
I (a)	Aspiration Pneumonia	24hrs
(b) Due to, or as a consequence of:	CVA	36 hrs
(c) Due to, or as a consequence of:		
II Other Significant Conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I.	Cardiomyopathy	

Field	Entry
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 ☐ N/A
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

After recording, return to:
Alta Marie Cochran
19715 Hwy 140E, Dairy, OR 97625

99 JUN 20 P3:17

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 07 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

SEAL OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

21339

State of Oregon, County of Klamath
Recorded 5/28/99, at 3:17 p.m.
In Vol. M99 Page 21339
Linda Smith, County Clerk
Fee $ 15-
Linda Smith

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