CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M99 Page 21340

MTC 48157-MS

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

TYPE OR PRINT IN PERMANENT BLACK INK

147037 I.D. TAQ NO.
359 Local File Number

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

136-

93-016421 State File Number

1 DECEDENT'S NAME: First: Robert; Middle: Marti; Last: Colahan
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): July 29, 1993
4 SOCIAL SECURITY NUMBER: 540-07-4650
5a AGE-Last Birthday (Years): 85
5b Under 1 Year (Months / Days)
5c Under 1 Day (Hours / Minutes)
6 BIRTHPLACE (City and State or Foreign): Klamath Co., OR
7 DATE OF BIRTH (Month, Day, Year): March 5, 1908
8a PLACE OF DEATH (Check only one): HOSPITAL: X Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8b FACILITY NAME (If not institution, give street and number): Merle West Medical Center
8c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d COUNTY OF DEATH: Klamath
9 ☐ Yes X No
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Ranching - Rancher
10b KIND OF BUSINESS/INDUSTRY: Ranching
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed): Maggie 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 X 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): 10; College (1-4 or 5+):
17 FATHER NAME: First: Joseph; Middle: Patrick; Last: Colahan
18 MOTHER NAME: First: Gertrude; Middle: Clanton; Maiden:
19 INFORMANT NAME and relationship to deceased: Maggie Colahan - Spouse
20a METHOD OF DISPOSITION: X Cremation ☐ Burial ☐ Donation ☐ Removal from State ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c LOCATION - City or Town, State: Klamath Falls, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: David M. West
21b LICENSE NUMBER (Of Licensee): 93-49-1363
22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Highway 39, Klamath Falls, Oregon 97603
23 DATE FILED (Month, Day, Year): AUG 05 1993
24 REGISTRAR'S SIGNATURE: Charlene Barcus
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES X NO ☐ N/A
26 WAS GIFT MADE? ☐ YES X NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 7:00 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): [signature] M.D.
30 DATE SIGNED (Month, Day, Year): August 3, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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): Blake D. Bervan M.D. 2616 Clover Street, Klamath Falls, Oregon 97601
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

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
PART I
(a) Respiratory failure — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF
(b) COPD — Interval between onset and death: 15 years
DUE TO, OR AS A CONSEQUENCE OF
(c) Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: History of CHF
37 Did tobacco use contribute to the death? X Yes ☐ Probably ☐ No ☐ 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 Measure ☐ Suicide ☐ Legal Intervention ☐ Homicide
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 bldg. etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY 45-2 Rev 7/91

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.

DATE ISSUED: JAN 14 1999

Edward J. Johnson II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

21341

State of Oregon, County of Klamath
Recorded 5/28/99, at 3:17 p.m.
In Vol. M99 Page 21341
Linda Smith, County Clerk
Fee $ 15-
Linda Smith

028033