

CERTIFICATION OF VITAL RECORD

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

Page **69316**

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LD. TAG NO.

Local File Number **214**

SEP 17 AM 11:47

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State File Number

1. DECEDENT'S NAME First: Susan Middle: Kathryn Last: CHANNELL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 25, 2002
4. SOCIAL SECURITY NUMBER 509-46-1520		5a. AGE-Last Birthday (Years) 54	5b. Under 1 Year Mo. 0 Days 0 Hours 0 Mins 0
6. BIRTH-PLACE (City and State or Foreign Country) Kansas City, Missouri		7. DATE OF BIRTH (Month, Day, Year) May 23, 1947	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9. PLACE OF DEATH (Check only one) ☐ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☒ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):			
9a. FACILITY NAME (If not institution, give street and number) 3920 Monrovia		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Teacher		10b. KIND OF BUSINESS/INDUSTRY Education	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Wes Channell	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3920 Monrovia	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5+ College (1-4 or 5+)			
17. FATHER - NAME First middle last William E. Duggins		18. MOTHER - NAME First middle maiden Mary Walters	
19. INFORMANT - NAME and relationship to decedent Wes Channell-Husband		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
23. SIGNATURE OF OFFICIAL FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		24. OREGON LICENSE NO. (Of Licensee) 3224	
25. DATE FILED (Month, Day, Year) MAY 01 2002		26. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, K-Falls, Oregon, 97603	
27. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 4:15 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No		29a. TIME OF DEATH M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) 4/29/02		29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mohamed El-Tarabily M.D., 2610 Urmann Road, Klamath Falls, Oregon, 97601				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) <i>[Signature]</i>	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				33. DATE SIGNED (Month, Day, Year) COUNTY	
PART I (a) Extensive Stage Small Cell Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Brain metastasis 2y to (a) DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death: 1 1/2 months					
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 consistent in determining cause of death? ☒ Yes ☐ No	
40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? ☐ Yes ☒ No		41d. DESCRIBE HOW INJURY OCCURRED		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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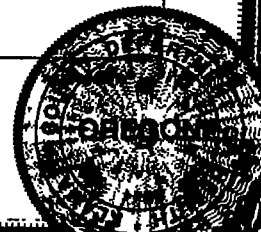
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DATE ISSUED:

MAY 01 2002

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EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



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State of Oregon, County of Klamath
Recorded 09/17/03 11:47 a m
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Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

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