CERTIFICATION OF VITAL RECORD

MIC-6852TR

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

Vol MDS Page 69316

371551 I.D. TAG NO.

03 SEP 17 AM 11:47

214 Local File Number

136- State File Number

Return to: Wes Channell
5580 Stute St
Klamath Falls OR 97603

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: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (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	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA	9a. PLACE OF DEATH (Check only one): OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number): 3920 Monrovia	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.): 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		
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+): 5+
17. FATHER - NAME first middle last: William E. Duggins	18. MOTHER - NAME first middle maiden: Mary Walters	19. INFORMANT - NAME and relationship to deceased: Wes Channell-Husband			
20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lovcast	21b. OREGON LICENSE NO. (Of Licensee): 3224	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy 39, K-Falls, Oregon, 97603			
23. DATE FILED (Month, Day, Year): MAY 01 2002	24. REGISTRAR'S SIGNATURE: Nancy Kennedy				

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:15 P.M. 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): 4/29/02	

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): Mohamed El-Tarabily M.D., 2610 Uhlmann Road, 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

PART I (a) Extensive Stage Small Cell lung Cancer		Interval between onset and death: 14 Months
DUE TO, OR AS A CONSEQUENCE OF: (b) Brain metastasis 2ry to (a)		Interval between onset and death: 1½ months
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.

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)

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DATE ISSUED: MAY 01 2002

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

AN ALTERATION OF THIS DOCUMENT IS A FELONY

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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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