

10232

## CERTIFIED COPY

11564

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

## STANDARD CERTIFICATE OF DEATH 13059

LOCAL REGISTRAR'S NUMBER 291		STATE FILE NO. 13059		DATE RECEIVED DEC 6 1957	
1. NAME OF DECEASED (Type or print all entries in black ink) George V. Shill					
2. PLACE OF DEATH A. COUNTY Klamath					
B. CITY, TOWN, (If outside corporate limits, so specify) LOCATION Klamath Falls		C. LENGTH OF STAY IN 2B 15 yrs		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon Klamath County	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hillside Hospital		C. CITY, TOWN (If outside corporate limits, so specify) LOCATION Klamath Falls X			
4. DATE OF DEATH November 24, 1957		5. SEX male		6. COLOR OR RACE white	
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life) farmer		10. KIND OF BUSINESS farming	
12. DATE OF BIRTH Dec. 15, 1877		13. AGE LAST BIRTHDAY 79		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
14. BIRTHPLACE (State or Foreign Country) Des Moines, Iowa		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country		11. NAME OF SPOUSE Emma Shill	
17. NAME OF FATHER John Shill		18. MAIDEN NAME OF MOTHER Mary Ryner		10. IF DECEASED WAS A VETERAN, WHAT WART? no	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Chronic degeneration of heart DUE TO (B): Hypertension DUE TO (C): Atherosclerosis of heart Interval Between Onset and Death (Years, days, hours, etc.) 4 years, 4 days					
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):					
23. WAS DEATH RESULT OF <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour Month Day Year		27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I (attended) (investigated) the death of the deceased from or on 11/24/57 (date) and that the death occurred at 10:55 PM from the causes and on the date stated above. (Signature) (Title) (Address) (Date Signed)					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 11/27/57		30C. NAME OF CREMATORY OR CEMETERY Memorial Park	
31. DATE RECEIVED BY LOCAL REGISTRAR 11-26-57		32. REGISTRAR'S SIGNATURE Richard H. Wilcox		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Klamath Falls, Oregon	

STATE OF OREGON } ss  
County of Multnomah

DATE ISSUED OCT 26 1966

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

By Direction of  
RICHARD H. WILCOX, M.D.  
State Health Officer

STATE REGISTRAR

VS 112-Rev. 1-6/66

STATE OF OREGON } ss  
County of Klamath

Filed for record at request of:

P. K. Puckett

on this 8th Nov 1966

at 4:46 P. and duly

recorded M-66 Deeds

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Fee 1.50 Deputy