

12130

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

V-1116

## CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 50		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last Delbert Ray Phillips	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION L. Yamsey Mtn.		C. CITY, TOWN, OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 1 hour		D. STREET ADDRESS, RURAL ROUTE, ETC. 614 Doty St.	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 75 Mi. N. Klamath Falls		6. COLOR OR RACE Caucasian	
4. DATE OF DEATH Month Day Year February 13, 1967		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
5. SEX Male		11. NAME OF SPOUSE Mary B. Phillips	
8. SOCIAL SECURITY NO. 544-14-0479		9. USUAL OCCUPATION (Kind of work done during most of life) timber faller	
10. KIND OF BUSINESS OR INDUSTRY Lumber		12. DATE OF BIRTH Month Day Year May 3, 1922	
13. AGE LAST BIRTHDAY 44		14. BIRTHPLACE (State or Foreign Country) Colton, Oregon	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WART WW II	
17. NAME OF FATHER Issac Jacob Squires		18. MAIDEN NAME OF MOTHER Olive Adelia Gibson	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mary B. Phillips, wife		20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Crushing Injuries to Chest & Head seconds DUE TO (B): Logging Accident seconds DUE TO (C): PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): 21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) woods		25B. City near Little Yamsey Mt., Klamath, Oregon	
26. TIME OF INJURY 7:45 a.m. 2 13 '67		27. DESCRIBE HOW INJURY OCCURRED. Tree fell upon him	
28. CERTIFICATE I, (Signature) (Investigator) certify that I (Investigator) investigated the death of the deceased from or on Feb. 13, 1967 to (date) and that the death occurred at 7:45a.m. from the causes and on the date stated above. J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 2-14-67 (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"/> Other		30B. DATE 2-16-67	
30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY 2-14-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, Klamath Falls, Oregon		34. O'Hair's	

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

By S. M. Kerron, M.D.  
Registrar Vital Statistics  
Deputy  
Date February 15, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON } ss  
County of Klamath }

Filed for record at request of:

Oregon Title Insurance  
on Feb 16 1967  
at 4:00 P  
rec'd M-67 Deeds  
Page 1116Fee 1.50  
Beverly J. Hyden