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MAY 13 1985

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

539

State File Number

Local File Number

DECEASED—NAME Philip Thomas DUFFY			DATE OF DEATH (month, day, year) April 10, 1985		
RACE (specify) White			DATE OF BIRTH (month, day, year) December 20, 1924		
CITY, TOWN OR LOCATION OF DEATH Portland			COUNTY OF DEATH Washington		
STATE OF BIRTH (if not in U.S.A. name country) Idaho			CITIZEN OF WHAT COUNTRY U.S.A.		
SOCIAL SECURITY NUMBER 543-18-6245			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		
RESIDENCE—STATE Oregon			SPOUSE (IF MARRIED, WIDOWED) Cleo		
CITY, TOWN OR LOCATION Washington, Portland			KIND OF BUSINESS OR INDUSTRY Good Samaritan Hospital		
STREET AND NUMBER OR R.F.D., ZIP 9187 S.W. Monterey Pl. 97225			INSIDE CITY LIMITS (specify yes or no) Yes		
FATHER—NAME Philip Joseph Duffy			MOTHER—NAME Amanda Haggard		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			CEMETERY OR CREMATORY—NAME Klamath Memorial Park		
FUNERAL SERVICE LICENSEE (Signature) Jim Sanabaster			NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon		
To the best of my knowledge (death occurred at the time, date and place and due to the cause specified) Robert B. Ironside, M.D.			DATE SIGNED (Month, Day, Year) April 10, 1985		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 2049 N.W. Hoyt, Portland, Oregon 97209, Robert B. Ironside, M.D.			HOUR OF DEATH 7:00 A.M.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			INTERVAL BETWEEN ONSET AND DEATH		
DATE RECEIVED BY REGISTRAR (Month, Day, Year) APR 22 1985			REGISTRAR (Signature) Helene Bass		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiac Arrest (b) Coronary Artery Disease			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II			AUTOPSY (Specify Yes or No) No		
ACCIDENT (Specify Yes or No)			WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes		
DATE OF INJURY (Month, Day, Year) 26b			HOUR OF INJURY 26c		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26d			LOCATION 26e		
STREET OR R.F.D. NO. 26f			CITY OR TOWN 26g		
STATE 26h					

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF WASHINGTON:ss
DATE ISSUED
APR 22 1985

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 RECORDED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH AND ON PERMANENT FILE WITH THE OREGON STATE HEALTH DIVISION.

REGISTRAR
Helene Bass
NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON COUNTY

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 13th day of May A.D., 1985 at 10:13 o'clock A.M., and duly recorded in Vol. M85 of Deeds on page 7050.

Fee: \$ 5.00

Return: T. Moore
BRINK, MOORE, BRINK & PETERSON, Attorneys at Law
P. O. Box 543, Hillsboro, Oregon 97123

EVELYN BIEHN, COUNTY CLERK
by: Ann Smith, Deputy