49008

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

Local File Number 195

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First ALMON; Middle MELBOURN; Last PHILLIPS

2 DATE OF DEATH (month, day, year): May 9, 1985

3 RACE (White, Black, American Indian, etc. (specify)): Am. Indian

4 SEX: Male

5a AGE—Last birthday (years): 65

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): September 10, 1919

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Oklahoma

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Mamie

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 445-26-9224

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Heavy Duty Mech.-Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber Co.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Chemult

15d STREET AND NUMBER OR R.F.D., ZIP: PO Box 63 97731

15e Inside City Limits (specify yes or no):

16 FATHER—NAME first middle last: John H. Phillips

17 MOTHER—first middle last (Maiden Name): Ida Estes

18 INFORMANT—NAME and relationship to deceased: Mamie Phillips - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Ore.

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: E. M. Clure

21b DATE SIGNED [Mo. Day. Yr.]: 05-13-85

21c HOUR OF DEATH: 7:55 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Edward T. McClure, MD 2303 Clairmont Klamath Falls, Ore.

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]: MAY 14 1985

22b REGISTRAR [Signature]: Katherine E. Cornish

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Pulmonary Embolus — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Post operative complication — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Gangrenous Cholecystitis — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo. Day. Yr.]:

26c HOUR OF INJURY: M

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]:

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12-83

'85 MAY 22 AM 9 52

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cornish, Deputy Registrar

Date MAY 14 1985

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 22nd day of May A.D., 19 85 at 9:52 o'clock A M, and duly recorded in Vol M85 of Deeds on page 7607.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Mamie Phillips P. O. Box 63 Chemult Oregon 97731