

185 AUG 23 AM 9:40

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52426

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

CERTIFICATE OF DEATH

337

State File Number

DECEASED—NAME First Middle Last FRANCIS E. LILLY		DATE OF DEATH (month, day, year) 2 August 21, 1985	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 78
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center	IF HOSP OR INST Indicate DOA, OP, Emer, Am, inpatient (Specify) Inpatient
STATE OF BIRTH (if not in U.S.A. name country) California		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 541-18-2689		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) ranching (self employed)	SPOUSE (IF MARRIED, WIDOWED) Lucille M. Walker
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Bonanza
FATHER—NAME first middle last Benjamin Franklin Lilly		MOTHER—first middle last (Maiden Name) Chlode - Temperance	INFORMANT—NAME and relationship to deceased Lucille M. Lilly, wife
BURIAL, CREMATION, REMOVAL MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Lost River Cemetery	LOCATION city or town state Bonanza, Oregon 97623
FUNERAL SERVICE LICENSEE Or Person Acting As Such James F. Novak		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) James F. Novak		DATE SIGNED (Mo., Day, Yr.) August 21, 1985	HOUR OF DEATH 6:20 A M
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 22 1985		REGISTRAR Sherrie E. Cravink	
PART I IMMEDIATE CAUSE (a) Respiratory Arrest		Interval between onset and death 5 min	
(b) Congestive heart failure		Interval between onset and death 4 yrs	
(c) Atherosclerotic Coronary Artery Disease		Interval between onset and death 10 yrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) HYPERTENSION		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
DATE OF INJURY (Mo., Day, Yr.) No		HOUR OF INJURY No	
PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) No		LOCATION No	
INJURY AT WORK (Specify Yes or No) No		STREET OR R.F.D. NO. No	
CITY OR TOWN No		STATE No	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Sherrie E. Cravink Deputy Registrar
Date Aug 22, 1985
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 23rd day of August A.D., 19 85 at 9:40 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 13363.

FEE \$5.00

Ret: Lucille Lilly

Rt. 1, Box 64, Klamath Falls, Oregon 97623

Evelyn Biehn,
By Phm Smith

County Clerk