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

Vol. M85 Page 15050

TYPE
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FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 Roscoe		G.	LILLY	2 September 12, 1985		
3 White		4 Male	AGE—Last birthday (years) 85	Under 1 year mos days	Under 1 day hours min	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		DATE OF BIRTH (month, day, year)		
7a Klamath Falls		7b Mtn. View Care Center		6 December 7, 1899		
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		IF HOSP. OR INST. Indicate DOA, OPI Emer. Rm. Inpatient (Specify)		
8 Missouri		9 U.S.A.		7c Inpatient		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		COUNTY OF DEATH		
13 540-28-6708		14a Cattle Rancher		7d Klamath		
RESIDENCE—STATE		COUNTY		11 Bessie Law Lilly		
15a Oregon		15b Klamath		12 No		
FATHER—NAME first middle last		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY		
16 George H. Lilly		15c Klamath Falls		14b Agriculture		
MOTHER—first middle last (Maiden Name)		STREET AND NUMBER OR R.F.D., ZIP		15e No		
17 Mattie M. Cline		15d 6800 South St., Space #2				
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased		
19a Burial		19b Klamath Memorial Park		18 Bessie M. Lilly, wife		
FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		LOCATION city or town state		
20a William L. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		19c Klamath Falls, Oregon 97603		
21a (Signature) Robert Payne, MD		DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH		
21b September 12, 1985		21c 8:20 A M				
21d Robert Payne, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)		REGISTRAR				
22a SEP 12 1985		22b (Signature) [Signature]				
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
(a) DUE TO, OR AS A CONSEQUENCE OF:		myocardial infarction		1 day		
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 Diabetes m. Chronic Brain Syndrome		24 No		25 No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr)		HOUR OF INJURY		
26a No		26b		26c		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
26e No		26f		26g		
RESERVED FOR REGISTRAR'S USE						

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 [Signature] Deputy Registrar

Date SEP 13 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 16th day of September A.D., 19 85 at 2:52 o'clock P M., and duly recorded in Vol. M85 of September on Page 15050.

FEE \$5.00

Evelyn Biehn
By

County Clerk

[Signature]

Bessie Lilly to Pauline M. Cline
to 56 W. 3rd St. 314 N. Lohman
K-7. Oregon 97603 Blythe, Ca. 94025