58443 '86 FEB 20 PM 1 21

I.D. NUMBER 06244

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

Vol M86 Page 3008

66 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED—NAME (First, Middle, Last): Billie M. MORRILL

1 DATE OF DEATH (month, day, year): 2 February 17, 1986

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

SEX: 4 Female

AGE—Last Birthday (years): 5a 73

Under 1 year: 5b mos / days

Under 1 day: 5c hours / min

DATE OF BIRTH (month, day, year): 6 August 7, 1912

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

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

IF HOSP OR INST, indicate DOA, OP/Emer., Rm., Inpatient (Specify): 7c Inpatient

COUNTY OF DEATH: 7d Klamath

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

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 Chester D. Morrill

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

SOCIAL SECURITY NUMBER: 12 440-26-1001

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Housewife

KIND OF BUSINESS OR INDUSTRY: 14b Homemaking

RESIDENCE—STATE: 13a Oregon

COUNTY: 13b Klamath

CITY, TOWN, OR LOCATION: 13c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 2440 Darrow 97601

Inside City Limits (Specify yes or no): 15e Yes

FATHER—NAME (first, middle, last): 16 Benjamin Huston Howell

MOTHER—NAME (first, middle, last, (Maiden Name)): 17 Grace - Purcell

INFORMANT—NAME and relationship to deceased: 18 Chester D. Morrill, husband

DISPOSITION

1 2 3

BURIAL, CREMATION, REMOVAL, MAUS. (Specify): 19 Burial

CEMETERY OR CREMATORY—NAME: 19b Klamath Memorial Park

LOCATION (City or Town, State): 19c Klamath Falls, Oregon 9760

FUNERAL SERVICE LICENSEE (Signature, Person Acting As Such): 20a William F. Davenport

NAME AND ADDRESS OF FACILITY: 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

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): [signature]

DATE SIGNED (Mo., Day, Yr.): 21b February 18, 1986

HOUR OF DEATH: 21c 8:17 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

4 5 6

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a FEB 18 1986

REGISTRAR: 22b (Signature) Katherine E. Crawford

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

PART I (a) Lymphocytic Lymphoma — Interval between onset and death: 4 yrs

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): CA Colon, Cardiac Arrhythmias

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

ACCIDENT (Specify Yes or No): 26a No

DATE OF INJURY (Mo., Day, Yr.): 26b

HOUR OF INJURY: 26c

DESCRIBE HOW INJURY occurred: 26d

INJURY AT WORK (Specify Yes or No): 26e No

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

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Crawford *Deputy Registrar*

Date February 19, 1986

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 _____ of February A.D., 19 86 at 1:21 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 3008 the 20th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: Chester Morrill, 2440 Darrow, Klamath Falls, Ore 97601