

State File Number: _____

DATE OF DEATH (month, day, year) **April 1, 1986**

DECEASED - NAME **Ervin Phillip POOL Jr.**

RACE White **SEX** Male **AGE** 61 **DATE OF BIRTH** (month, day, year) **October 16, 1924**

CITY, TOWN, OR LOCATION OF DEATH **Medford** **HOSPITAL OR OTHER INSTITUTION - NAME** **Villa Royal Health Care Center** **IF HOSP. OR INST. Indicate "DOA" (specify)** **Inpatient** **COUNTY OF DEATH** **Jackson**

STATE OF BIRTH (if not in U.S.A. name country) **Oregon** **CITIZEN OF WHAT COUNTRY** **U.S.A.** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)** **Married** **SPOUSE (IF MARRIED, WIDOWED)** **Florence Pool** **WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)** **Yes**

SOCIAL SECURITY NUMBER **543-20-5435** **USUAL OCCUPATION (Give kind of work done during most of working life, ever if retired)** **Heavy Equipment Operator** **14b Logging**

RESIDENCE - STATE **Oregon** **COUNTY** **Klamath** **CITY, TOWN, OR LOCATION** **Klamath Falls** **STREET AND NUMBER OR R.F.D.** **1334 Pleasant Ave.** **ZIP** **97601** **Inside City Limits (specify yes or no)** **Yes**

FATHER - NAME **Ervin Phillip Pool Sr.** **MOTHER - first, middle, last (Maiden Name)** **Mary Smyth** **INFORMANT - NAME and relationship to deceased** **Carlene Avery & Judy Marshall, daughters** **LOCATION** **Klamath Falls, Ore.** **state**

BURIAL, CREMATION, REMOVAL, MAUS. (specify) **Burial** **CEMETERY OR CREMATORY - NAME** **Eternal Hills Memorial Gardens** **19c Klamath Falls, Ore.** **97601**

FUNERAL SERVICE LICENSEE or person acting as such (Signature) *Mike Mc...* **NAME AND ADDRESS OF FACILITY** **O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.**

20a **To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated** **W.G. Bishop, M.D.** **DATE SIGNED (Mo., Day, Year)** **4-7-86** **HOUR OF DEATH** **6:00 P.** **M**

21a (Signature) **W.G. Bishop, M.D.** **NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)** **110 Central Ave., Medford, Oregon** **ZIP** **97501**

21d **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)**

21e **DATE RECEIVED BY REGISTRAR (Mo., Day, Year)** **APR 9 1986** **REGISTRAR**

22a **IMMEDIATE CAUSE (Etiology)** **Carcinoma of the lungs** **Interval between onset and death:** **Several months**

23 **DUE TO OR AS A CONSEQUENCE OF** **(a) Carcinoma of the lungs** **Interval between onset and death:**

(b) DUE TO OR AS A CONSEQUENCE OF

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to cause of death (do not relate to cause of death) (Type or Print)

24 **ACCIDENT (Specify Yes or No)** **No** **DATE OF INJURY (Mo., Day, Year)** **26c** **PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)** **26g** **LOCATION** **STREET OR R.F.D. NO** **CITY OR TOWN** **STATE**

26a **INJURY AT WORK (Specify Yes or No)** **No** **26e** **WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)** **No** **25**

26e **DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?** **YES** **NO** **N/A** **WAS GIFT MADE?** **YES** **NO** **N/A**

RESERVED FOR REGISTRAR'S USE



DECEDENT

POSITION

CERTIFIER

CAUSE OF DEATH

ORIGINAL-VITAL STATISTICS COPY
 CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Jan Johnson
 REGISTRAR, VITAL STATISTICS

DATE **APR 9 1986**

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
 VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 28th day of April, A.D., 19 86 at 10:19 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 7163

By Evelyn Biehn, County Clerk *Evelyn Biehn*

FEE \$5.00
 Ret: Carlene Avery 3859 Rio Vista, Klamath Falls, Oregon 97601