CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

63933

Vol. 1486 Page 12832

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

38 — Local File Number

85-02622 — State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: LILLIE; Middle: LEROY; Last: KERNS
2. DATE OF DEATH (month, day, year): February 3, 1985
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Female
5a. AGE—Last Birthday (years): 70
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): August 12, 1914
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle 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): Everett Kerns
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13. SOCIAL SECURITY NUMBER: 543-12-2242
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Nurse
14b. KIND OF BUSINESS OR INDUSTRY: Hospital/Medical
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 4031½ Bisbee St. 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Alec - Vicars
17. MOTHER—first middle last (Maiden Name): Tillie -
18. INFORMANT—NAME and relationship to deceased: Bernell Kerns, Son

DISPOSITION

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]: [signature]
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St. Klamath Falls, Ore

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] MD
21b. DATE SIGNED (Mo. Day. Yr.): 2/4/85
NAME AND ADDRESS OF CERTIFIER [Type or Print]
21c. HOUR OF DEATH: 2:10 P. M
21d. Bryan J. Stuart, M.D., 2300 Clairmont St., Klamath Falls, Ore. 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e.

22a. DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): FEB 5 1985
22b. REGISTRAR [Signature]: [signature]

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I (a) Sepsis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cardiorespiratory failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Severe chronic obstructive pulmonary disease — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

4 496X
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ACCIDENT [Specify Yes or No]	DATE OF INJURY (Mo. Day. Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
26a	26b	26c M	26d	24 No	25 No

INJURY AT WORK [Specify Yes or No]	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
26e	26f	26g

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45.2 REV 12-83

'86 JUL 22 PM 4 14

7-2-86

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 02 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of July A.D., 19 86 at 4:14 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 12832 the 22nd day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Return: William P. Brandsness, Atty at Law, 411 Pine St., Klamath Falls, Oregon