

STATE OF OREGON  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

Volume 1 Page 1

490  
Local File Number

**CERTIFICATE OF DEATH**

DECEASED — NAME: **Grace Lillian SHIDLER** State File Number: \_\_\_\_\_

RACE: **White** SEX: **Female** AGE — Last birthday (years): **87** DATE OF DEATH (month, day, year): **December 31, 1988**

CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** HOSPITAL OR OTHER INSTITUTION — NAME: **Merle West Medical Center** DATE OF BIRTH (month, day, year): **May 4, 1899**

STATE OF BIRTH (if not in U.S.A., name country): **Washington** CITIZEN OF WHAT COUNTRY: **U.S.A.** IF HOSP. OR INST. indicate DOA, Of/Emg. Rm., Inpatient (specify): **Inpatient** COUNTY OF DEATH: **Klamath**

SOCIAL SECURITY NUMBER: **544-46-6812** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Retail Sporting Goods Store Owner** SPOUSE (IF MARRIED, WIDOWED): **Hal Shidler** WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): **No**

RESIDENCE — STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D.: **2406 Gettle St.** ZIP: **97601** Inside City Limits (specify yes or no): **Yes**

FATHER — NAME: **Charles Augustus Granis** MOTHER — first middle last: **Maude Thompson** INFORMANT — NAME and relationship to deceased: **Jean McDonald, Daughter**

BURIAL, CREMATION, REMOVAL, MAUS. (specify): **Cremation** CEMETERY OR CREMATORY — NAME: **Klamath Cremation Service** LOCATION city or town state: **Klamath Falls, Oregon**

FUNERAL SERVICE LICENSEE or person acting as such (Signature): *[Signature]* NAME AND ADDRESS OF FACILITY: **QuHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.**

To be completed by Certifying Physician Only

21a (Signature): *[Signature]* M.D. DATE SIGNED (Mo., Day, Year): **December 31, 1988** HOUR OF DEATH: **4:10 P.**

21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): **Jon C. McKellar, M.D., 2300 Clairmont St., Klamath Falls, Ore. 97601**

21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): \_\_\_\_\_

21d DATE RECEIVED BY REGISTRAR (Mo., Day, Year): **January 3, 1989** REGISTRAR: *[Signature]*

22a IMMEDIATE CAUSE: **Unknown natural causes** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I (a) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_ Interval between onset and death: \_\_\_\_\_

(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): \_\_\_\_\_

ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo., Day, Year): \_\_\_\_\_ HOUR OF INJURY: \_\_\_\_\_ DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_

INJURY AT WORK (Specify Yes or No): **No** PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): \_\_\_\_\_ LOCATION: \_\_\_\_\_ STREET OR R.F.D. NO.: \_\_\_\_\_ CITY OR TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐ WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

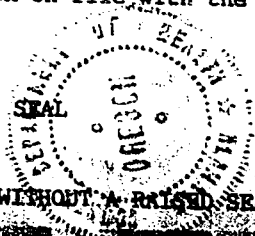
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 5-88

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 *[Signature]*, 1989

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ day  
of **January** A.D., 19 **87** at **4:22** o'clock **P** M., and duly recorded in Vol. **M87**  
of **Deeds** on Page **534**

FEE \$5.00

Ret: Jean McDonald 2406 Gettle, Klamath Falls, Oregon 97601

By *[Signature]*, County Clerk