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ID TAG NO.

12

Local File Number

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

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State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOKDECEDENT
IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED - NAME		First	Middle	Last	State File Number	
1 PHILIP		JOHN	SLADICH	2 DATE OF DEATH (month, day, year) January 7, 1987		
3 RACE White, Black, American Indian, etc (specify) White		4 SEX Male	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) May 1, 1916
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/Emgr. Rm., Inpatient (specify) Emer. Room		7d COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S.A., name country) Wisconsin		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Lavon
12 SOCIAL SECURITY NUMBER 398 - 01 - 9469		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Saw Operator		14a KIND OF BUSINESS OR INDUSTRY Lumber		14b
15a RESIDENCE - STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D. 2509 Madison
15e ZIP 97603		15f Inside City Limits (specify yes or no) No		16 FATHER - NAME first middle last Joseph Sladich		17 MOTHER - first middle last (Maiden Name) Johanna
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		19a CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens		19b LOCATION city or town state Klamath Falls, Or		19c
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>Jon G. McKellar</i>		20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. 97601		20c DATE SIGNED (Mo., Day, Year) 1/8/87		20d HOUR OF DEATH 2:34 P M
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Jon G. McKellar, MD / 2300 Clairmont / Klamath Falls, Oregon 97601		21b		21c		21d
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f		21g		21h
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) January 9, 1987		22b REGISTRAR <i>Father & Cousins</i>		22c		22d
23 IMMEDIATE CAUSE PART I (a) Atherosclerotic Coronary Disease DUE TO, OR AS A CONSEQUENCE OF. (b) Diabetes Mellitus DUE TO, OR AS A CONSEQUENCE OF. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		23b		23c		23d
24 ACCIDENT (Specify Yes or No) No		24a DATE OF INJURY (Mo., Day, Year)		24b HOUR OF INJURY		24c DESCRIBE HOW INJURY OCCURRED
25 INJURY AT WORK (Specify Yes or No) No		25a PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25b LOCATION		25c STREET OR R.F.D. NO. CITY OR TOWN STATE
26a DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		26b WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		26c		26d
26e		26f		26g		26h

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 1-86

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 *Father & Cousins* Deputy RegistrarDate *January 14, 1987*

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 _____
of January _____ A.D., 19 87 at 1:11 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 604

FEE \$5.00

Evelyn Biehn County Clerk

By *Berntha H. Sladich*