

71278 '87 FEB 10 PM 2 40

12393
ID TAG NO

32

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol 187 Page 225

Vital Records Unit

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
SICDENSE 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	
Gene		P.		Miller					
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 68		5b mos. days		5c hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		DATE OF DEATH (month, day, year)		DATE OF BIRTH (month, day, year)			
7a Klamath Falls		7b West Medical Center		2 January 21, 1987		6 September 16, 1918			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
8 Montana		9 U.S.A.		10 Married		11 Ila Rose Kiddy		7a Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (specify yes or no)		12 Yes	
13 529-10-0470		14a Railroad Engineer		14b Southern Pacific Railroad					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 4415 Avalon Place		97603	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (specify yes or no)		15a No	
16 Adrian C. Miller		17 Hazel Foriech		18 Ila R. Miller, wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97603					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
20a Williams L. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21b January 21, 1987		21c 7:32 A.M.			
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP					
21a Wm. A. Bartlett, MD, 2300 Clairmont, Klamath Falls, Oregon		21e		97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a January 23, 1987		22b (Signature) M. E. Cavanaugh							
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)									
(a) DUE TO, OR AS A CONSEQUENCE OF		Natural causes		Interval between onset and death		1 week			
(b) DUE TO, OR AS A CONSEQUENCE OF		Ovarian carcinoma of lung		Interval between onset and death		1 year			
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23a No		23b No		23c No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
24a No		24b		24c M		24d			
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	
25a No		25b		25c		25d			
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

4-2 Rev. 6-85

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 M. E. Cavanaugh, Deputy Registrar

Date January 23, 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 February A.D., 1987 at 2:20 o'clock P.M., and duly recorded in Vol. 187 day of Deeds on Page 2159.

FEE \$5.00

Evelyn Biehn, County Clerk

By

Return: Ila Miller 4415 Avalon Pl. Klamath Falls, Oregon 97603