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25302 ID TAG NO.

350 Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1. DECEASED — NAME (First, Middle, Last): LILLIAN HANKINS
2. DATE OF DEATH (month, day, year): September 11, 1987
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Female
5a. AGE — Last birthday (years): 64
5b. Under 1 year: mos. / days.
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): May 5, 1923
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): New York
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Donald
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 115-16-7202
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At Home
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 3320 Bristol
ZIP: 97603
15e. Inside City Limits (Specify yes or no): No
16. FATHER — NAME (first, middle, last): Charles - Rice
17. MOTHER — NAME (first, middle, last, (Maiden Name)): Anna - Betsch
18. INFORMANT — NAME and relationship to deceased: Robert Hankins - 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): Jim Lancaster
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Ore. 97601

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): Byron T. Sagunsky MD
21b. DATE SIGNED (Mo., Day, Year): 9/14/87
21c. HOUR OF DEATH: 3:40 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Byron T. Sagunsky, MD. - 2300 Clairmont - Klamath Falls, Ore. 9760
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e.

Do Not Complete Certifying Physician Only

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 15 1987
22b. REGISTRAR (Signature): Dechille Batliff

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Septic Shock — Interval between onset and death: =1 day
(b) DUE TO, OR AS A CONSEQUENCE OF: Renal Necrosis — Interval between onset and death: ?1-3days
(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): Pulmonary Fibrosis
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT (Specify Yes or No): 26a. No
26b. DATE OF INJURY (Mo., Day, Year)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No): 26e.
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26g. 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

40-2 Rev. 6-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 2 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Hankins the 9th day of November A.D., 19 87 at 2:22 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 20355.

Evelyn Biehn, County Clerk

FEE $5.00

By Pam Smith

Ret: Robert Hankins 1847 Fargo Klamath Falls, Oregon 97603