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28704 ID TAG NO

258 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

1 DECEASED — NAME: First CHARLES Middle WILLIAM Last KILGORE

2 DATE OF DEATH (month, day, year): July 4, 1987

3 RACE White, Black, American Indian, etc. (Specify): White

4 SEX: Male

5a AGE — Last birthday (years): 74

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 1, 1913

7a CITY, TOWN OR LOCATION OF DEATH: Bonanza

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rt. 1 Box 1011C

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify):

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

11 SPOUSE (IF MARRIED, WIDOWED): -

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No

13 SOCIAL SECURITY NUMBER: 540-44-3165

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Ret.

14b KIND OF BUSINESS OR INDUSTRY: Farming

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Bonanza

15d STREET AND NUMBER OR R.F.D.: Rt.1 Box 1011 C ZIP 97623

15e Inside City Limits (Specify yes or no):

16 FATHER — NAME first middle last: Silas W. Kilgore

17 MOTHER — first middle last (Maiden Name): Louisa I. Flackus

18 INFORMANT — NAME and relationship to deceased: Silas Kilgore - brother

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY — NAME: Lost River Cemetery

19c LOCATION city or town state: Bonanza, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Jancaitis

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls

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): James Connelly M.D.

21b DATE SIGNED (Mo., Day, Year): July 8, 1987

21c HOUR OF DEATH: 10:30 P.M.

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): James Connelly M.D., P.O. Box 332, Bonanza, Oregon ZIP: 97623

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 9 1987

22b REGISTRAR (Signature): Marian Ackerman

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) Diabetic Acidosis — Interval between onset and death: 6 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Generalized Carcinomatosis — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF
(c) Carcinoma Prostate — Interval between onset and death: 1 year

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Diabetes Mellitus with neuropathy

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

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

45-2 Rev. 6-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date JUL 9 1987

VOID IF ALTERED

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

Return To:
Giacomini, Jones & Trotman
Attorneys at Law
635 Main Street
Klamath Falls, Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Giacomini, Jones & Trotman, Attorneys at Law the 18th day of November A.D., 19 87 at 8:31 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 20855.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith