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I.D. TAG NO.

Local File Number

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

Vol. M88 Page 8399

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1. DECEDENT'S NAME: First Arthur Middle Neil Last PHIPPS

2. SEX: M

3. DATE OF DEATH (Month, Day, Year): May 4, 1988

4. SOCIAL SECURITY NUMBER: 544-10-7684

5a. AGE - Last Birthday (Years): 73

5b. UNDER 1 YEAR: Mos.    Days    Hours    Mins.   

6. BIRTHPLACE (City and State or Foreign Country): Bridgeport, Oklahoma

7. DATE OF BIRTH (Month, Day, Year): December 7, 1914

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL: Rogue Valley Medical Center ☐ ER/Outpatient ☐ DCA ☐ OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)   

9b. PLACE OF DEATH (Check only one): ☐ CITY, TOWN, OR LOCATION OF DEATH: Medford ☐ Other (Specify)   

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carman - Mechanic

10b. KIND OF BUSINESS/INDUSTRY: Railroad

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Doreen

13a. RESIDENCE - STATE: Oregon COUNTY: Klamath

13b. CITY, TOWN, OR LOCATION: Midland

13c. INSIDE CITY LIMITS? ☐ Yes ☒ No

13d. STREET AND NUMBER: 111 Cross Roads

13e. ZIP CODE: 97634

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

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

16. DECEDENT'S EDUCATION (Specify only highest grade completed): 8

17. FATHER - NAME: first James middle Harvey last Phipps

18. MOTHER - NAME: first Jesse middle Savage last White

19. INFORMANT - NAME and relationship to decedent: Doreen Phipps - Wife

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)   

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Laki Cemetery

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster

21b. LICENSE NUMBER (OL License): 3224

22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home  
1945 Main St.  
Klamath Falls, Oregon 97601

23. TIME OF DEATH: 8:10 A.M.

24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Richard K. Karchmer

26. DATE SIGNED (Month, Day, Year): 5/14/88

27a. TIME OF DEATH: 8:10 A.M.

27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 5/14/88

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature): Richard K. Karchmer

29. DATE SIGNED (Month, Day, Year): 5/14/88

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard Karchmer, MD  
1025 E. Main St.  
Medford, Oregon 97504

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):   

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g., Cardiac or Respiratory Arrest.)

(a) ACUTE MYELOMONOCYTIC LEUKEMIA

(b) DUE TO, OR AS A CONSEQUENCE OF:   

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a):   

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined Manner ☐ Homicide

33a. DATE OF INJURY (Month, Day, Year):   

33b. TIME OF INJURY:   

33c. INJURY AT WORK? ☐ Yes ☒ No

33d. DESCRIBE HOW INJURY OCCURRED:   

34. AUTOPSY: ☐ Yes ☒ No

34. IF YES were findings considered in determining cause of death?

35. REGISTRAR'S SIGNATURE: Diana L. Collins

36. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):   

36. LOCATION (Street and Number or Rural Route Number, City or Town, State):   

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

38. DATE FILED (Month, Day, Year): MAY 11 1988

39. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

40. RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

ORIGINAL VITAL STATISTICS COPY

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE MAY 12 1988NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
VOID IF ALTEREDREGISTRAR, VITAL STATISTICS  
Diana L. Collins

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William M. Ganong, Attorney  
of May A.D., 19 88 at 1:59 o'clock P M., and duly recorded in Vol. M88  
of Deeds on Page 8399

FEE

\$5.00

By Evelyn Biehn County Clerk  
Dorothy L. Helock

RETURN TO: William M. Ganong, 1151 Pine Street, Klamath Falls, OR 97601