87811

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M88 Page 8485

88-008579

10579
I.D. TAG NO.
CC668
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Edward; Middle: Raymond; Last: PHILLIPS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): April 22,1988
4. SOCIAL SECURITY NUMBER: 544-05-4594
5a. AGE - Last Birthday (Years): 73
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Floweree, Montana
7. DATE OF BIRTH (Month, Day, Year): February 11, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

1 — 9b. FACILITY NAME (If not institution, give street and number): Kaiser Foundation Hospitals-KSMC
9c. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
9d. COUNTY OF DEATH: Clackamas

2 — 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Shoe Repair
3 — 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Norma J.

4 — 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 217 Division Street

5 — 13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

6 — **PARENTS**
17. FATHER - NAME first middle last: Charles Phillips
18. MOTHER - NAME first middle maiden: Sadie Johnson
19. INFORMANT - NAME and relationship to deceased: Melvin Lieurance - Nephew

DISPOSITION
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
20c. LOCATION - City or Town, State: Portland, Oregon

7 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jeanne Jochaan
21b. LICENSE NUMBER (Of Licensee): 61 1204
22. NAME, ADDRESS AND ZIP OF FACILITY: Mt. Scott Funeral Home, Inc. 4205 S.E. 59th, Portland, OR 97206

8 —
9 —

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1620 P 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): Peggy Eurman
26. DATE SIGNED (Month, Day, Year): 4-25-88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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)
29. DATE SIGNED (Month, Day, Year) COUNTY

10 —
11 —
12 —
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Peggy Eurman, M.D. 10180 SE Sunnyside Rd., Clackamas, Or. 97015
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

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

PART I
(a) Sepsis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Colon cancer — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)
33. AUTOPSY ☒ Yes ☐ No
34. If YES were findings considered in determining cause of death? No

13 —
14 —
15 —
35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined Manner ☐ Homicide
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR
37. REGISTRAR'S SIGNATURE
38. DATE FILED (Month, Day, Year): APR 28 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAY 24 1988

Herbert L. Hirst
HERBERT L. HIRST

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Norma J. Phillips the 1st day of June A.D., 19 88 at 1:31 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 8485.

FEE $8.00

Evelyn Biehn County Clerk

By Mary Mosier

Norma J. Phillips 217 Division St Klamath Falls, Or. 97601

JUN 1 PM 1 31 '88