

195
Local File NumberVital Records Unit
CERTIFICATE OF DEATH138
State File Number

1. DECEDENT'S NAME First: Alfred Last: Earl SHILL		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 31, 1988		
4. SOCIAL SECURITY NUMBER 542-12-2673		5a. AGE - Last Birthday (Years) 80	5b. UNDER 1 YEAR Mos. Days	6. BIRTHPLACE (City and State or Foreign) Curtis, Nebraska	7. DATE OF BIRTH (Month, Day, Year) January 19, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input checked="" type="checkbox"/> Other (Specify) Home					
9b. FACILITY NAME (If not institution, give street and number) 1719 Winona Way			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Trimmerman		10b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser Lumber Co.		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 325 Michigan Ave.		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 8 College (1-4 or 5+)	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
17. FATHER - NAME first middle last George - Shill		18. MOTHER - NAME first middle maiden Ema - Amstuz		19. INFORMANT - NAME and relationship to deceased Gary Shill - Nephew	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601	
23. TIME OF DEATH 3:10 P.					
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
25. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>F. Van Rudd</i>					
26. DATE SIGNED (Month, Day, Year) 6/1/88					
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					
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Van Rudd, MD - 2624 Campus Dr. - Klamath Falls, Oregon 97601					
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 dying, e.g. Cardiac or Respiratory Arrest.) (a) <i>Carcinoma of the Prostate</i> DUE TO, OR AS A CONSEQUENCE OF: (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. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. If YES were findings considered in determining cause of death?					
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner					
36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36e. DESCRIBE HOW INJURY OCCURRED			
37. REGISTRAR'S SIGNATURE <i>Dancy Kennedy</i>					
38. DATE FILED (Month, Day, Year) JUN 2 1988					
39. DID DECEDENT REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
RESERVED FOR REGISTRAR'S USE					

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45-2 REV. 1-88

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

DATE ISSUED **JUN 2 1988***Marian Ackerman*
MARIAN ACKERMAN
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Gary Shill** the **6th** day of **June** A.D., 19 **88** at **4:38** o'clock **P** M., and duly recorded in Vol. **M88** of **Deeds** on Page **8744**

FEE \$8.00

Evelyn Biehn County Clerk

By *Mary Moran*

Return to: Gary Shill, 2241 S. 6th St., Klamath Falls, OR 97603