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CERTIFICATION OF VITAL RECORD

21059 I.D. TAG NO.

234 Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
136- State File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Alpha; Middle: Lillian; Last: PHELPS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): June 30, 1988
4. SOCIAL SECURITY NUMBER: 050-22-7188
5a. AGE - Last Birthday (Years): 94
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Trent, Oregon
7. DATE OF BIRTH (Month, Day, Year): March 5, 1894
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)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Home Maker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Lawrence K.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4917 Melody Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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+):

PARENTS

17. FATHER - NAME first middle last: Henry Louie Morgan
18. MOTHER - NAME first middle maiden: Myrtle Mabel Gardner
19. INFORMANT - NAME and relationship to deceased: Merland Phelps, son

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): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601, 515 Pine St. Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 6:45 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): [signature] M.D.
26. DATE SIGNED (Month, Day, Year): July 1, 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, M.D., 2300 Clairmont Street, Klamath Falls, Ore. 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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):
28. DATE SIGNED (Month, Day, Year): COUNTY

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) CVA Rt Middle Cerebral artery — Interval between onset and death 3½ Da
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cerebral emboles — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Old age — 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?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
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: Michelle Bathiff
38. DATE FILED (Month, Day, Year): JUL 1 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

45-2 REV. 1-88

ORIGINAL—VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED July 5, 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

American Bank Note Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Proctor the 11th day of July A.D., 19 88 at 1:59 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 10846.

Evelyn Biehn County Clerk
By Pauline Muckendoler

FEE $8.00