

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

Vital Records Unit

136-

State File Number

E-3172

I.D. TAG NO.

350

Local File Number

CERTIFICATE OF DEATH

DECEDENT

1
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3
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5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CONDITIONS

IF ANY

WHICH

CAUSE

STATING

THE

UNDERLYING

CAUSE

LAST

CAUSE

OF

DEATH

15
16
17

1. DECEDENT'S NAME Philip Sidney DRURY		2. SEX M		3. DATE OF DEATH (Month, Day, Year) August 18, 1990	
4. SOCIAL SECURITY NUMBER 700-07-8575		5a. AGE - Last Birthday (Years) 89		5b. Under 1 Year Mcs Days Hours Mins	
6. BIRTHPLACE (City and State or Foreign) Blackfoot, Idaho		7. DATE OF BIRTH (Month, Day, Year) May 24, 1901		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER		11. NURSING HOME <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
12. COUNTY OF DEATH Klamath		13. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		14. STREET AND NUMBER 2333 Applegate Street	
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machanist		16. KIND OF BUSINESS/INDUSTRY S.P. Transportation Co.		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
18. SPOUSE (If Married, Widowed) Edith L.		19. RESIDENCE - STATE Oregon		20. COUNTY Klamath	
21. CITY, TOWN, OR LOCATION Klamath Falls		22. STREET AND NUMBER 2333 Applegate Street		23. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. ZIP CODE 97601		25. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		26. RACE American Indian, Black, White, etc. (Specify) White	
27. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (11-4 or 5+) 8		28. INFORMANT - NAME and relationship to decedent Ann Pine, daughter		29. LOCATION - City or Town, State Klamath Falls, OR 97603	
30. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		32. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		34. LICENSE NUMBER (Or License) 53-0124		35. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
36. DATE FILED (Month, Day, Year) AUG 20 1990		37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year) M	
39. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 2130 P M 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) COUNTY		40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD, 2300 Clairmont, Klamath Falls, Oregon 97601	
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		42. 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) Unknown Natural DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic CHF		43. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk	
44. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	
47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY M		49. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
50. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		51. DESCRIBE HOW INJURY OCCURRED		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

45-2 REV. 1-89

AUG 21 1990

DATE ISSUED

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Edith Drury the 12th day
of Sept. A.D., 19 90 at 9:54 o'clock A.M., and duly recorded in Vol. M90
of Deeds on Page 18287

Evelyn Biehn
By Pauline Mulindan County Clerk

FEE \$8.00

Return: Edith Drury
2333 Applegate, Klamath Falls, Or. 97601