

078786  
I.D. TAG NO.

384

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Donald, Middle: V., Last: PHILPOTT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 4, 1990
4. SOCIAL SECURITY NUMBER 544-42-9514		5a. AGE - Last Birthday (Years) 74	5b. Under 1 Day Mos. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) December 18, 1915	
8. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Cadaveric Home <input type="checkbox"/> Other (Specify)	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Ruth A. Philpott		13. STREET AND NUMBER Rt. 1, Box 243	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12)		17. FATHER - NAME first middle last James - Philpott	
18. MOTHER - NAME first middle maiden Eva Phebe McGumby		19. INFORMANT - NAME and relationship to deceased Ruth A. Philpott, wife	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza Memorial Park	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) SEP 6 1990	
24. SIGNATURE OF FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merle West</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. SIGNATURE OF REGISTRAR <i>Hancy Kennedy</i>		27. TIME OF DEATH 6:00 P.	
28. DATE PRONOUNCED DEAD (Month, Day, Year) September 4, 1990		29. 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) <i>Jon G. McKellar</i> M.D., M.E.	
30. DATE SIGNED (Month, Day, Year) September 6, 1990		31. COUNTY Klamath	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.D., M.E., 2300 Clairmont Street, Klamath Falls, Oregon 97601			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. 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) <i>Unknown Natural Cause</i>			
PART I (b) <i>Due to, or as a consequence of:</i>			
PART I (c) <i>Other significant conditions - Conditions contributing to death but not related to cause given in PART I.</i>			
35. 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			
36. DATE OF INJURY (Month, Day, Year)			
37. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
39. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

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REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH, OREGON.

DATE ISSUED SEP 7 1990

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Giacomini & Knieps the 17th day  
of Sept. A.D., 19 90 at 4:30 o'clock P.M., and duly recorded in Vol. M90,  
of Deeds on Page 18666

Evelyn Biehn County Clerk

By Donna A. Verling

FEE \$8.00

Return: Giacomini & Knieps  
706 Main, Klamath Falls, Or. 97601