CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

28916

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A7007
ID TAG NO.

93877
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

86-013450
State File Number

1 DECEASED — NAME First: LILLIE	Middle: BELL	Last: HUNT		2 DATE OF DEATH (month, day, year): AUGUST 2, 1986	
3 RACE White, Black, American Indian, etc. (specify): Black	4 SEX: female	5a AGE — Last birthday (years): 72	Under 1 year: mos. 5b / days	Under 1 day: hours 5c / min.	6 DATE OF BIRTH (month, day, year): August 29, 1913
7a CITY, TOWN OR LOCATION OF DEATH: Portland	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Portland Advent. Care Center		7c IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify): inpatient		7d COUNTY OF DEATH: Multnomah
8 STATE OF BIRTH (If not in U.S.A., name country): Alabama	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married	11 SPOUSE (IF MARRIED, WIDOWED): Allen Hunt		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): NO
13 SOCIAL SECURITY NUMBER: 416 26 2661	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window decorator		14b KIND OF BUSINESS OR INDUSTRY: Clothing store		
15a RESIDENCE — STATE: Oregon	15b COUNTY: Multnomah	15c CITY, TOWN OR LOCATION: Portland	15d STREET AND NUMBER OR R.F.D.: 823 N.E. Simpson	ZIP: 97211	15e Inside City Limits (specify yes or no): yes
16 FATHER — NAME first middle last: Will Gilmore	17 MOTHER — first middle last (Maiden Name): Lelar Beasley		18 INFORMANT — NAME and relationship to deceased: Allean Griffith daughter		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): cremation	19b CEMETERY OR CREMATORY — NAME: Pioneer Crematory		LOCATION city or town, state 19c: Portland Oregon		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): C. Vann	20b NAME AND ADDRESS OF FACILITY: Vann & Vann Funeral Directors Portland, Ore. 97217				
To be Completed by CERTIFYING PHYSICIAN Only — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature): William W. Ross	DATE SIGNED (Mo., Day, Year) 21b: July 1, 1986	HOUR OF DEATH 21c: 10:45PM			
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): William W. Ross MD	7656 S.E. Division	ZIP: 97206			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 05 1986	REGISTRAR 22b (Signature): William W. Ross				

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I
(a) Metastatic Carcinoma — Interval between onset and death: > 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(b) Carcinoma of Breast — Interval between onset and death: 7 years
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 I (s): Diabetes Mellitus

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
NO	NO

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION — STREET OR R.F.D. NO.	CITY OR TOWN	STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

RETURN:
MOTOR INVESTMENT
531 SOUTH SIXTH ST — KLAMATH FALLS OR 97601

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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: APR 26 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 2nd day of May A.D., 19 91 at 11:13 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 8205.

FEE $8.00

Evelyn Biehn County Clerk
By Pauline Mulkey