

# CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

## CERTIFICATE OF DEATH

Vol 92 Page 14121

State File Number

082584  
I.D. TAG NO

30  
Local File Number

46782

1 DECEDENT'S NAME <b>Ollene Melva STILES</b>		2 SEX <b>F</b>		3 DATE OF DEATH (Month, Day, Year) <b>March 8, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>544-05-2146</b>		5a AGE - Last Birthday (Years) <b>73</b>		5b Under 1 Year Hours: <b>1</b> Days: <b>1</b> Mins: <b>1</b>	
6 BIRTHPLACE (City and State or Foreign Country) <b>Klamath Falls, OR</b>		7 DATE OF BIRTH (Month, Day, Year) <b>April 29, 1917</b>			
8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a FACILITY NAME (If not institution, give street and number) <b>Plum Ridge Care Center</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9c COUNTY OF DEATH <b>Klamath</b>		10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		10b KIND OF BUSINESS/INDUSTRY <b>Homemaking</b>	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12 SPOUSE (If Married, Widowed) <b>Wilbur J.</b>			
13a RESIDENCE - STATE <b>Oregon</b>		13b COUNTY <b>Klamath</b>		13c CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
13d INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e ZIP CODE <b>97603</b>		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15 RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 <input type="checkbox"/> College 1-4 or 5-11 <input checked="" type="checkbox"/> 12			
17 FATHER - NAME <b>Snowden</b>		18 MOTHER - NAME <b>Egeline</b>		19 SPOUSE - NAME <b>Alta</b>	
20a 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)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		20c LOCATION - City, or Town, State <b>Klamath Falls, OR 97603</b>	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (Of Licensee) <b>53-0124</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth St. Klamath Falls, Oregon 97603-7194</b>	
23 DATE FILED (Month, Day, Year) <b>MAR 11 1991</b>		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27 TIME OF DEATH <b>1607 P</b>		28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>					
30 DATE SIGNED (Month, Day, Year) <b>March 11, 1991</b>					
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Glenn Eric Hager, MD, 2860 Daggett Street, Klamath Falls, Oregon 97601</b>					
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33 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) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>DAYS</b>		34 AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(b) <b>Pulmonary Metastasis from Hypopharyngeal Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>MONTHS</b>		35 IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
(c) <b>OTHER SIGNIFICANT CONDITIONS -</b>		36 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
PART II Conditions contributing to death but not related to cause given in PART I		37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY	
41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d DESCRIBE HOW INJURY OCCURRED			
41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORD COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 3-90

MAR 11 1991

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 Jerry Molatore the 26th day of June A.D., 19 92 at 4:03 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 14121.

Evelyn Biehn County Clerk

By [Signature]

FEE \$10.00

Return: Jerry Molatore  
426 Main, Klamath Falls, Or. 97601