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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

125956 I.D. TAG NO.		136- State File Number	
126 Local File Number			
1. DECEDENT'S NAME First Middle Last William Wilburn HILL, Sr.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 13, 1993
4. SOCIAL SECURITY NUMBER 467-05-6673		5a. AGE at Birth (Years) 73	6. BIRTHPLACE (City and State or Foreign Country) Yokum, Texas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		7. DATE OF BIRTH (Month, Day, Year) September 20, 1919	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> JDOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. COUNTY OF DEATH Klamath	
9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. MARITAL STATUS Married	
9d. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Margaret	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Master Machinist		13d. STREET AND NUMBER No# Fish Hole Creek Road	
10b. KIND OF BUSINESS/INDUSTRY Moulding Company		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) 12	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Bly		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
15. RACE White		19. INFORMANT - NAME and relationship to deceased Margaret Hill - Wife	
17. FATHER - NAME first middle last Henry Hill		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
23. DATE FILED (Month, Day, Year) MAR 15 1993		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0105 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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. <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 3/15/93			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, MD, 1000 Pine Street, Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. 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 (a) <i>Subdural hematomas</i>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <i>Generalized atherosclerosis</i>			
DUE TO, OR AS A CONSEQUENCE OF:			
PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Pneumonia</i>			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental <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. 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)			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

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

DATE ISSUED: MAR 15 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Hill the 16th day
of March A.D., 19 93 at 9:32 o'clock A.M., and duly recorded in Vol. M93
of Deeds on Page 5346
By Evelyn Biehn - County Clerk

FEE \$10.00

Return: Margaret Hill, Box 489, Bly, Or. 97622