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I.D. TAG NO.

298

Local File Number

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

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State File Number

DECEDENT

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1. DECEDENT'S NAME: First William Middle Harold Last PHILLIPPS

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): May 27, 1993

4. SOCIAL SECURITY NUMBER: 712-03-6106

5a. AGE-Last Birthday (Years): 77

5b. Under 1 Year: Mos. Days Hours Mins.

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Gypsum, Colorado

7. DATE OF BIRTH (Month, Day, Year): August 17, 1915

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 23271 Butterfield Trail

9c. CITY, TOWN, OR LOCATION OF DEATH: Bend

9d. COUNTY OF DEATH: Deschutes

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Railroad Machinist

10b. KIND OF BUSINESS/INDUSTRY: Transportation Railroad

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Betty Jane

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Deschutes

13c. CITY, TOWN OR LOCATION: Bend

13d. STREET AND NUMBER: 23271 Butterfield Trail

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 (9-12) College (14 or 5+)

17. FATHER - NAME first middle last: Robert Billings Phillipps

18. MOTHER - NAME first middle maiden: Bessie Lena Fenno

19. INFORMANT - NAME and relationship to decedent: Jane Phillipps (wife)

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc.

20c. LOCATION - City or Town, State: Bend, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William D. Blin

21b. LICENSE NUMBER (Of Licensee): 3571

22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 NW Irving Bend, Oregon 97701

23. DATE FILED (Month, Day, Year): June 1, 1993

24. REGISTRAR'S SIGNATURE: Jacqueline Mathis

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

26. WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

27. TIME OF DEATH: 3:18 P.

28. WAS MEDICAL EXAMINER NOTIFIED? Yes ☒ 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): Sidney E. Henderson III

30. DATE SIGNED (Month, Day, Year): 5-28-93

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

32. 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): Sidney E. Henderson III

33. DATE SIGNED (Month, Day, Year): 5-28-93

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Sidney E. Henderson III, M.D. 1501 NE Medical Center Drive Bend, OR 97701

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Robert F. Boone, M.D.

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.)

(a) Metastatic Prostate Cancer Interval between onset and death: One year

(b) Due to, or as a consequence of: Interval between onset and death:

(c) Due to, or as a consequence of: Interval between onset and death:

37. Did tobacco use contribute to the death? No ☒ Yes ☐ Probably ☐ Unknown ☐

38. AUTOPSY: No ☒ Yes ☐

39. If YES were findings considered in determining cause of death? No ☒ Yes ☐ No ☐ N/A ☐

40. MANNER OF DEATH: Natural ☒ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐

41a. DATE OF INJURY (Month, Day, Year): 5-28-93

41b. TIME OF INJURY: M

41c. INJURY AT WORK? No ☒ Yes ☐

41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): At home

41e. LOCATION (Street and Number or Rural Route Number, City or Town, State): Bend, Oregon

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

STATE OF OREGON, COUNTY OF DESCHUTES

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF  
DESCHUTES COUNTY HEALTH DEPARTMENT

JACQUELINE MATHIS, DEPUTY REGISTRAR

DATE June 1, 1993

Please return to:  
Niswonger-Reynolds Inc.  
PO Box 229 Bend, Oregon 97709

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June A.D., 19 93 at 2:23 o'clock P. M., and duly recorded in Vol. M93 of Deeds on Page 12946

FEE \$10.00

gvelyn Biehn - County Clerk

By Jacqueline Mathis

cc 10.00