

## CERTIFICATION OF VITAL RECORD

F - 9155

ID TAG NO  
04811OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

|   |  |  |   |
|---|--|--|---|
| 1. DECEDENT'S NAME<br>First Middle Last<br><b>Claudius Roy PHILLIPS</b>   |  | 2 SEX<br><b>M</b>  | 3 DATE OF DEATH (Month, Day, Year)<br><b>September 10, 1992</b>         |
| 4 SOCIAL SECURITY NUMBER<br><b>534-10-4828</b>  | 5a. AGE Last Birthday (Years)<br><b>78</b> | 5b. Under 1 Year<br>Mos. Days Hours Mins.  | 6 BIRTHPLACE (City and State or Foreign Country)<br><b>Browning MO.</b> |
| 7 DATE OF BIRTH (Month, Day, Year)<br><b>May 20, 1914</b>   |  | 8a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |   |
| 9. FACILITY NAME (If not institution, give street and number)<br><b>University Hospital South</b>   |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Portland</b>  |   |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Conductor</b>  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Railroad</b>  |   |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>  |  | 12. SPOUSE (If Married, Widowed, Divorced (Specify)<br><b>Zelda</b>  |   |
| 13a. RESIDENCE - STATE<br><b>Oregon</b>   |  | 13b. COUNTY<br><b>Klamath</b>  |   |
| 13c. CITY, TOWN OR LOCATION<br><b>Klamath Falls</b>   |  | 13d. STREET AND NUMBER<br><b>810 Wocus Street</b>  |   |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>Specify:   |  | 15. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>   |   |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (10-12) College (13-16) or 5+<br><b>10</b>  |  |  |   |
| 17. FATHER - NAME first middle last<br><b>Oliver Lester Phillips</b>  |  | 18. MOTHER - NAME first middle maiden<br><b>Floy - Bowyer</b>  |   |
| 19. INFORMANT - NAME and relationship to decedent<br><b>Zelda - Spouse</b>  |  |  |   |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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)<br><b>Eternal Hills Memorial Gardens</b>   |   |
| 20c. LOCATION - City or Town, State<br><b>4711 Hwy #39 Klamath Falls, Oregon</b>  |  |  |   |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>Wm. J. Tuckley</i>  |  | 21b. LICENSE NUMBER (Of Licensee)<br><b>3302</b>   |   |
| 22. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Eternal Hills Funeral Home<br/>4711 Hwy #39/Klamath Falls, OR</b>   |  |  |   |
| 23. DATE FILED (Month, Day, Year)<br><b>SEP 17 1992</b>   |  | 24. REGISTRAR'S SIGNATURE<br><i>Arthur W. Bloom</i>  |   |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |  | 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |   |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN   |  |  |   |
| 27. TIME OF DEATH<br><b>8:57 PM</b> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |
| 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input 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.<br>(Signature) <i>Lee Travis MD</i>   |  |  |   |
| 30. DATE SIGNED (Month, Day, Year)<br><b>9/10/92</b>  |  |  |   |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>Lee Travis MD<br/>Medical Resident 3181 SW Sam Jackson Park Rd, Portland, Ore. 97201</b>   |  |  |   |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Jack Kron MD</b>  |  |  |   |
| 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>Coronary Artery Failure</b>   |  |  |   |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   |
| (b) <b>Coronary Artery Disease</b>  |  |  |   |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   |
| (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.  |  |  |   |
| 34. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown   |  |  |   |
| 35. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No   |  |  |   |
| 36. If YES, were findings consistent in determining cause of death?   |  |  |   |
| 40. MANNER OF DEATH<br><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"/> Legal Intervention <input type="checkbox"/> Homicide |  |  |   |
| 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)  |  |  |   |
| RESERVED FOR REGISTRAR'S USE  |  |  |   |

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SEP 21 1992

DATE ISSUED:

ARTHUR W. BLOOM  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Carol Wiles the 16th day  
of Aug. A.D., 19 93 at 11:55 o'clock AM., and duly recorded in Vol. M93  
of Deeds on Page 20331

Evelyn Biehne County Clerk

By Arthur W. Bloom

FEE \$10.00

Return: Allen Phillips, 345 NW 336th, Hillsboro, Or. 97124