

CERTIFICATION OF VITAL RECORD

116401
I.D. TAG NO.

039

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First Middle Last Zelda Fern PHILLIPS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) January 28, 1993
4. SOCIAL SECURITY NUMBER 534-07-1228		5a. AGE Last Birthday (Years) 76	5b. Under 1 Year Mos. Days
5c. Under 1 Day Hours Mins		6. BIRTHPLACE (City and State or Foreign Country) Cashmere, WA.	
7. DATE OF BIRTH (Month, Day, Year) August 7, 1916		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <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) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
13. SPOUSE (If Married, Widowed) Claudius Phillips		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
15. KIND OF BUSINESS/INDUSTRY Own Home		16. RACE American Indian, Black, White, etc. (Specify) White	
17. RESIDENCE - STATE Oregon		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 5+)	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97601	
21. FATHER - NAME first middle last Charles Joseph Ott		22. MOTHER - NAME first middle maiden Crickett - Simpson	
23. 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)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ASKING AS SUCH <i>Carol Wiles</i>		26. LICENSE NUMBER (Of Licensee) 93-49-1363	
27. DATE FILED (Month, Day, Year) FEB 01 1993		28. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603	
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		30. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
31. TIME OF DEATH 9:30 P. M.		32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
33. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Ralph Breitenstein</i> M.D.		34. DATE SIGNED (Month, Day, Year) 1-29-93	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph Breitenstein M.D. 2622 Campus Drive, Klamath Falls, Oregon 97601		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
37. 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) congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (b) aortic stenosis DUE TO, OR AS A CONSEQUENCE OF: (c) pneumonia PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		38. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> No	
39. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY M		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED:

FEB 01 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH 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 A.M., and duly recorded in Vol. M93
of Deeds on Page 20332

FEE \$10.00

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