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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

428
Local File Number

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lilly G DRAKE
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): November 8, 1988
4. SOCIAL SECURITY NUMBER: 570-62-8944
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): Copenhagen, Denmark
7. DATE OF BIRTH (Month, Day, Year): December 24, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retail Sales Clerk
10b. KIND OF BUSINESS/INDUSTRY: Clothing Department Store
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): William "Ray"
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2425 White Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 4

PARENTS

17. FATHER - NAME (first, middle, last): Mads Christimius Larsen
18. MOTHER - NAME (first, middle, maiden): Johanne Marie Larsen
19. INFORMANT - NAME and relationship to decedent: Cheryl Smith, daughter; Don Drake, son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601; 515 Pine St., Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: M
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) 11/15/88
26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 4:25 A. M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 8, 1988 4:25 A.M.
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) 11/15/88 Jon G. McKellar M.D. COUNTY
29. DATE SIGNED (Month, Day, Year): November 15, 1988 Klamath

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

32. 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) Skull fracture c̄ subarachnoid air — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Lacerated Spleen/Short Gastrics/Stomach c̄ hemoperitoneum — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Pericardial Effusion — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Severe Coronary Artery Disease

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

33. AUTOPSY: ☒ Yes ☐ No
34. IF YES were findings considered in determining cause of death?
35. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year): 11-7-88
36b. TIME OF INJURY: 5:28 P
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED: Pedestrian Lilly was crossing a street and was hit by a motor vehicle
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Street
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Washburn Way, & White Avenue, Klamath Falls, Oregon

REGISTRAR

37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED (Month, Day, Year): NOV 16 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED NOV 16 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 24th day of Aug. A.D., 19 93 at 3:53 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 21279

Evelyn Biehn . County Clerk
By [signature]

FEE $10.00
Return: Aspen Title Co