

CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number

1. DECEASED'S First Name Louise		2. DECEASED'S Middle Name Iva		3. DECEASED'S Last Name KILGORE		4. SEX Female		5. DATE OF DEATH (Month, Day, Year) Sept. 5, 1993	
6. SOCIAL SECURITY NUMBER 540 44 3166		7. AGE-Last Birthday (Years) 99		8. Under 1 Year 5b. Under 1 Year		9. Under 1 Day 5c. Under 1 Day		10. BIRTHPLACE (City and State or Foreign Country) Ft. Jones, CA.	
11. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		12. COUNTY OF DEATH Klamath		13. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		14. DATE OF BIRTH (Month, Day, Year) August 1, 1894		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
16. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		17. KIND OF BUSINESS/INDUSTRY Own Home		18. STREET AND NUMBER 48211 E. Langell Valley Road		19. SPOUSE (If Married, Widowed) Silas		20. DECEASED'S EDUCATION (Specify only highest grade completed) 8	
21. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		22. RESIDENCE - STATE Oregon		23. COUNTY Klamath		24. CITY, TOWN OR LOCATION Bonanza		25. RACE American Indian, Black, White, etc. (Specify) White	
26. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. ZIP CODE 97623		28. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		29. INFORMANT - NAME and relationship to decedent Silas Kilgore / Son		30. LOCATION - City or Town, State Bonanza, Oregon	
31. FATHER - NAME first middle last Charles Henry Flackus		32. MOTHER - NAME first middle maiden Viola - Godfrey		33. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		34. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza Memorial Park		35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Charlene Barcus	
36. SIGNATURE OF REGISTRAR Charlene Barcus		37. DATE FILED (Month, Day, Year) SEP 08 1993		38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		39. TIME OF DEATH 2320		40. DATE PRONOUNCED DEAD (Month, Day, Year) 9/7/93	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal A. Machado, MD / 1905 Main Street / Klamath Falls, Oregon / 97601		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43. 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.) Coronary Vascular Accident		44. INTERVAL BETWEEN ONSET AND DEATH Days		45. INTERVAL BETWEEN ONSET AND DEATH Days	
46. MANNER OF DEATH <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		47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY M		49. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. DESCRIBE HOW INJURY OCCURRED	
51. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)		53. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		54. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED:

SEP 09 1993

After Recording Return to:
Boivin, Jones, Uerlings & Dilacon
110 North 6th Street
Klamath Falls, OR 97601

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Boivin, Jones the 16th day of Sept. A.D., 19 93 at 11:48 o'clock A M., and duly recorded in Vol. 23898 on Page 23898 of DeedsBy Evelyn Biehn

County Clerk

FEE \$10.00