09-05-95A11:36 RCVD

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PRINT IN PERMANENT BLACK INK

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

194633 I.D. TAG NO. | 385 Local File Number | 136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Clyde | Middle: Irvin | Last: MAGILL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 15, 1995
4. SOCIAL SECURITY NUMBER: 573-36-8394
5a. AGE-Last Birthday (Years): 63
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Long Beach, CA.
7. DATE OF BIRTH (Month, Day, Year): November 28, 1931
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 Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 16111 Patricia Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrill
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
10b. KIND OF BUSINESS/INDUSTRY: Medical Equipment
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): loreen Magill
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 16111 Patricia Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97633
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): 12 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Arnold S. Magill
18. MOTHER - NAME first middle maiden: Jessie m. Nett
19. INFORMANT - NAME and relationship to deceased: Loreen Magill - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Carl A. Ahrens
21b. LICENSE NUMBER (Or Licensee): 3588
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): AUG 16 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:25 a. M
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): Saul Silverman M.D.
30. DATE SIGNED (Month, Day, Year): 4.15.95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Saul Silverman M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

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.
PART I (a) Liver Failure — Interval between onset and death: 6 Mo
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Cancer — Interval between onset and death: 3 Yr
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to this death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ 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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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: AUG 16 1995

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Loreen Magill the 5th day of Sept A.D., 19 95 at 11:36 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 23870.

Bernetha C. Letsch, County Clerk
By Lynette Hentz

RETURN: Loreen Magill
P.O. Box 846
Merrill, Or 97633

FEE $10.00