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TYPE OR
PRINT IN
PERMANENT
BLACK INK194618
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136.

State File Number

353
Local File Number

| | | | | |
|---|--|---|---|---|
| 1. DECEDENT'S NAME First: Bryant Middle: Edward Last: PHILLIPS | | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) July 29, 1995 |
| 4. SOCIAL SECURITY NUMBER 364-05-2637 | | 5a. AGE Last Birthday (Years) 76 | 5b. Under 1 Year Mos. Days Hours Mins. | 6. BIRTHPLACE (City and State or Foreign Country) Michigan |
| 7. DATE OF BIRTH (Month, Day, Year) April 11, 1919 | | 8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <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 |
| 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 Production Machinist | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married |
| 12. SPOUSE (If Married, Widowed) Barbara Phillips | | 13. STREET AND NUMBER 16725 Ponderosa Lane | | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | | 13c. CITY, TOWN OR LOCATION Keno |
| 13d. INSIDE CITY Umatilla | | 13e. ZIP CODE 97627 | | 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 |
| 15. RACE American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 | | |
| 17. FATHER - NAME first middle last Phillips | | 18. MOTHER - NAME first middle maiden Phillips | | 19. INFORMANT - NAME and relationship to deceased Barbara Phillips - Spouse |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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) Eternal Hills Crematory | | 20c. LOCATION - City or Town, State Klamath Falls, Oregon |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>David A. Hills</i> | | 21b. LICENSE NUMBER (or License) 3588 | | 22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Or. 97603 |
| 23. DATE FILED (Month, Day, Year) AUG 01 1995 | | 24. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</i> | | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | |
| 27. TIME OF DEATH 8:10 p.m. | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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. (Signature) <i>Michael McQueen M.D.</i> M.D. | | | | |
| 30. DATE SIGNED (Month, Day, Year) 7/31/95 | | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) Michael McQueen M.D. 2800 Daggett Avenue Klamath Falls, Oregon 97601 | | | | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Blake Berwen M.D. | | | | |
| 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) DUE TO, OR AS A CONSEQUENCE OF: Stroke (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia | | | | |
| 34. 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 | | | | |
| 35. DATE OF INJURY (Month, Day, Year) | | 36. TIME OF INJURY | | 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No |
| 38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | 39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 40. DESCRIBE HOW INJURY OCCURRED |
| 41. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 42. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: **AUG 01 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 **Barbara Taylor** the **6th** day
of **Sept** A.D., 19 **95** at **1:33** o'clock **P** M., and duly recorded in Vol. **M95**
of **Deeds** on Page **24006**

FEE \$10.00

RETURN: Barbara Taylor
P.O. Box 442
Keno, Or 97627By *Berntha G. Lisch* County Clerk