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Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION Vol. M96

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

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DECEDENT

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|---|-------------------------------|---|---|--|
| 1. DECEDENT'S NAME First: <u>Phillip</u> Middle: <u>Monroe</u> Last: <u>HOGAN</u> | | | 2. SEX <u>Male</u> | 3. DATE OF DEATH (Month, Day, Year) <u>August 22, 1996</u> |
| 4. SOCIAL SECURITY NUMBER <u>447-01-5033</u> | | 5a. AGE-Last Birthday (Years) <u>83</u> | 5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u> | 6. BIRTHPLACE (City and State or Foreign Country) <u>Blue, Oklahoma</u> |
| 7. DATE OF BIRTH (Month, Day, Year) <u>May 20, 1913</u> | | 8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u> | | |
| 8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 9a. FACILITY NAME (If not institution, give street and number) <u>1828 Oregon Avenue</u> | | |
| 9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u> | | 9c. COUNTY OF DEATH <u>Klamath</u> | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Fireman</u> | | 10b. KIND OF BUSINESS/INDUSTRY <u>Lumber</u> | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u> |
| 12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Ellen Hogan</u> | | 13. STREET AND NUMBER <u>1828 Oregon Avenue</u> | | |
| 13a. RESIDENCE - STATE <u>Oregon</u> | 13b. COUNTY <u>Klamath</u> | 13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u> | | |
| 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 13e. ZIP CODE <u>97601</u> | 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 <u>American Indian</u> | | 15. RACE American Indian, Black, White, etc. (Specify) <u>American Indian</u> |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u> | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>College (14 or 5+)</u> | | |
| 17. FATHER - NAME first middle last <u>Sidney George Hogan</u> | | 18. MOTHER - NAME first middle maiden <u>Caroline - Christy</u> | | 19. INFORMANT - NAME and relationship to deceased <u>Ellen Hogan - Spouse</u> |
| 20a. 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) <u> </u> | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u> | | 20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u> |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Eldon A. Hest</u> | | 21b. LICENSE NUMBER (Of License) <u>3588</u> | | 22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39 Klamath Falls, Oregon 97603</u> |
| 23. DATE FILED (Month, Day, Year) <u>AUG 27 1996</u> | | 24. REGISTRAR'S SIGNATURE <u>Marlene Blevins</u> | | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> LIVES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | |

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

| | | | |
|---|--|--|--|
| 27. TIME OF DEATH <u>4:50 P.M.</u> | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Steven K. Biddleman</u> M.D. | | | |
| 30. DATE SIGNED (Month, Day, Year) <u> </u> | | 31. DATE SIGNED (Month, Day, Year) <u> </u> | |
| 32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Steven K. Biddleman 2680 Unnam Road Klamath Falls, Oregon 97601</u> | | 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u> | |
| 34. 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) <u>Myocardial Infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u> </u> DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death <u>Immediate</u> Interval between onset and death <u> </u> Interval between onset and death <u> </u> | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <u>Diabetes, Hypertension</u> | | 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 39. If YES were findings considered in determining Cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| 40. 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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | 41a. DATE OF INJURY (Month, Day, Year) <u> </u> | |
| 41b. TIME OF INJURY <u> </u> | | 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u> | | 41e. DESCRIBE HOW INJURY OCCURRED <u> </u> | |
| 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u> | | 41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u> | |

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

DATE ISSUED: AUG 28 1996MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 28th day of October A.D., 19 96 at 3:17 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 33961

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE \$10.00