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MTC 11355-KA

PERMANENT BLACK INK

168127
I.D. TAC NO

447
Local File Number

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

136
State File Number

1. DECEDENT'S NAME: First: Walter; Middle: Francis; Last: Phillips
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 21, 1996
4. SOCIAL SECURITY NUMBER: 557-18-9755
5. AGE (Last Birthday): 73
6. If UNDER 1 YEAR: Months / Days / Hours / Minutes
7. BIRTHPLACE (City and State or Foreign Country): Canyon City, CO
8. DATE OF BIRTH (Month, Day, Year): October 15, 1922
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8b. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/OutPatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
8d. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8e. COUNTY OF DEATH: Klamath
9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Product Service Manager
9b. KIND OF BUSINESS/INDUSTRY: Manufacturing
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SPOUSE (If Married, Widowed, Divorced): Virginia Phillips
12a. RESIDENCE STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN OR LOCATION: Klamath Falls
12d. STREET AND NUMBER: 240 Hillside Avenue
12e. INSIDE CITY LIMITS? ☒ Yes ☐ No
12f. ZIP CODE: 97601
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - i.e., Yes, Specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
14. RACE - American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 5+
16. FATHER'S NAME: First, middle, last: Ralph A. Phillips
17. MOTHER'S NAME: First, middle, maiden: Dolly Traylor
18. INFORMANT - Name and relationship to deceased: Virginia Phillips - Spouse
19a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Eternal Hills Memorial Gardens
19c. LOCATION - City or Town, State: Klamath Falls, Oregon
20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Kipp
20b. LICENSE NUMBER (For Licensee): 3572
21. NAME, ADDRESS AND ZIP OF FACILITY: O'Neil's Funeral Chapel, 515 Pine St., Klamath Falls, 97601
22. DATE FILED (Month, Day, Year): SEP 25 1996
23. REGISTRAR'S SIGNATURE: Evelyn Hanson
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? ☐ Yes ☒ No
25. WAS AUTOPSY PERFORMED? ☐ Yes ☒ No
26. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:18 P.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) stated.
Signature: [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 9/23/96
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): John J. Kleeman M.D. 1995 Main Street, Klamath Falls, Oregon 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

34. TIME OF DEATH: M
35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
36. 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: M.D.
37. DATE SIGNED (Month, Day, Year)
38. COUNTY

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

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(b) CAD
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.
Myocardial Infarction
39. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Probably ☐ Possibly ☒ No ☐ Unknown
40. IF FEMALE: ☐ Yes ☒ No
41. AUTOPSY? ☐ Yes ☒ No
42. WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No ☐ N/A
43. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Could not be determined ☐ Legal Intervention
44. DATE OF INJURY (Month, Day, Year)
45. TIME OF INJURY
46. INJURY AT WORK? ☐ Yes ☒ No
47. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
48. DESCRIBE HOW INJURY OCCURRED
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: SEP 25 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

JUN 12 P 3:48

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 2nd day of June A.D., 19 97 at 3:48 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 16855

FEE $10.00

Bernetha G. Leisch, County Clerk
By Kathleen Kiel