99 APR 15 AM 11:04

PRINT IN PERMANENT BLACK INK

282545
I.D. TAC NO

186
Local File Number

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

Vol M99 Page 13656

136
State File Number

DECEDENT

1 DECEDENT'S NAME: First: James | Middle: - | Last: GELLY
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): April 3, 1999
4 SOCIAL SECURITY NUMBER: 530-10-2478
5a AGE-Last Birthday (Years): 74
5b Under 1 Year: Mos. / Days.
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Nanitook, PA
7 DATE OF BIRTH (Month, Day, Year): November 6, 1924
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): 9112 Big Pine Way
9c CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Gaming
10b KIND OF BUSINESS/INDUSTRY: State of Nevada
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed or Divorced): Lucy Lee Gelly
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Keno
13d STREET AND NUMBER: 9112 Big Pine Way, P.O. Box 870
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97627
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 or Secondary (0-12): 10 | College (13+)

PARENTS

17 FATHER'S NAME first middle last: Guido - Gelly
18 MOTHER'S NAME first middle maiden: Rose - Bellegga
19 INFORMANT'S NAME and relationship to deceased: Lucy Lee Gelly, wife

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pyramid Cremations
20c LOCATION - City or Town, State: Klamath Falls, OR 97603
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b OREGON LICENSE NO (Of Licensee): CO-3104
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23 DATE FILED (Month, Day, Year): APR 06 1999
24 REGISTRAR'S SIGNATURE: Evelyn Simpson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
25 TIME OF DEATH: 0500 A M
26 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
27 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): David Panossian
28 DATE SIGNED (Month, Day, Year): April 5, 1999
29 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): David H. Panossian, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601
30 NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED BY MEDICAL EXAMINER ONLY
31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year)
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)

CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER MODES OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE.
(a) Lung CA, adenocarcinoma — Approximate interval: Onset to death: 4 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Approximate interval: Onset to death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Approximate interval: Onset to death:
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 the 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 ☐ Other
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

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

DATE ISSUED: APR 06 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 15TH day of APRIL A.D. 99 at 11:04 o'clock A M., and duly recorded in Vol. M99 of DEEDS on Page 13656

Linda Smith, County Clerk

FEE 10.00

Return to:
Lucy Gelly
PO Box 870
Keno OR 97627