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

Vol. M99 Page 13656

Local File Number
186

State File Number

DECEDENT

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1. DECEDENT'S NAME James GELLY		2. SEX Male		3. DATE OF BIRTH April 3, 1999	
4. SOCIAL SECURITY NUMBER 530-10-2478		5a. AGE LAST BIRTHDAY (Years) 74		5b. Under 1 Year 5c. Under 1 Day 5d. Under 1 Hour 5e. Under 1 Minute	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		7. PLACE OF BIRTH (City and State or Foreign Country) Nantitook, PA		8. DATE OF BIRTH (Month Day Year) November 6, 1924	
9. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) 9112 Big Pine Way		11. CITY, TOWN OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath	
13. DECEDENT'S USUAL OCCUPATION (Give as of date, giving month if working for short use retired) Caring		14. KIND OF BUSINESS/INDUSTRY State of Nevada		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married	
16. RESIDENCE STATE Oregon		17. COUNTY Klamath		18. CITY, TOWN OR LOCATION Keno	
19. INSIDE CITY LIMITS ☒ Yes ☐ No		20. ZIP CODE 97627		21. PLACE American Indian (Specify race, highest degree, language) White	
22. FATHER NAME (first middle last) Guido - Gally		23. MOTHER NAME (first middle married) Rose - Bellegga		24. INFORMANT NAME and relationship to decedent Lucy Lee Gelly, wife	
25. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations		27. LOCATION (City or Town State) Klamath Falls, OR 97603	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		29. OREGON LICENSE NO. (Or license) CO-3104		30. NAME ADDRESS AND ZIP OF FACILITY (Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194)	
31. DATE FILED (Month Day Year) APR 06 1999		32. REGISTRAR'S SIGNATURE <i>Lucy Lee Gelly</i>			

CERTIFIER

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
1. TIME OF DEATH 0500 A.M.		2. DATE OF DEATH April 5, 1999	
3. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED <i>David H. Papossian</i>		4. DATE SIGNED (Month Day Year) April 5, 1999	
5. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Typical Print) David H. Papossian, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601		6. NAME OF ATTENDING PHYSICIAN, OTHER THAN CERTIFIER (Typed Print)	
7. PART (a) <i>lung CA</i> DUE TO OR AS A CONSEQUENCE OF		8. PART (b) <i>metastatic</i> DUE TO OR AS A CONSEQUENCE OF	
9. PART (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART 1		10. PART (d) Did subsection (c) contribute to the death? ☒ Yes ☐ Probably ☐ No	
11. MANNER OF DEATH ☒ Natural ☐ Pending investigation ☐ Accidental ☐ Underdetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		12. DATE OF INJURY (Month Day Year) N/A	
13. TIME OF INJURY N/A		14. INQUIRY AT WORK ☒ Yes ☐ No	
15. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		16. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

CAUSE OF DEATH

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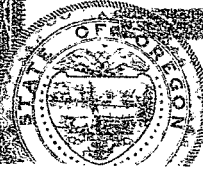
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DATE ISSUED: APR 06 1999

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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

Return to: Lucy Gelly
PO Box 870
Keno OR 97627

Linda Smith, County Clerk