

1997 JUN 22 PM 3:30

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H-15098

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

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10. TAG NO
312

Local File Number

State File Number

1. DECEDENT'S NAME First: Helen Middle: June Last: PHILLIPS			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 28, 1998
4. SOCIAL SECURITY NUMBER 446-12-0243		5a. AGE Last Birthday (Years) 72	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		7. BIRTHPLACE (City and State or Foreign Country) Okla. City, OK.		7. DATE OF BIRTH (Month, Day, Year) June 30, 1925
8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Outpatient ☐ DCA ☐ Other ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)				
9a. FACILITY NAME (If not institution, give street and number) 1415 North Eldorado			9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner		10b. KIND OF BUSINESS/INDUSTRY Art Studio		11. MARITAL STATUS - Married (Never Married, Widowed, Divorced) (Specify) Married
12. SPOUSE (If Married, Widowed) Wayne E.				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls
13d. STREET AND NUMBER 1415 North Eldorado				
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE 97601	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/Secondary (0-12) 12 College (13-16) 5				
17. FATHER - NAME first middle last Arthur N. Morgan		18. MOTHER - NAME first middle maiden Myrtle A. Platt		19. INFORMANT - NAME and relationship to decedent Wayne Phillips - Husb.
20a. METHOD OF DISPOSITION ☐ Autopsy ☒ 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, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Licensee) 3409		22. NAME ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year) JUN 30 1998		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 2030	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	29a. TIME OF DEATH M	29b. DATE PRONOUNCED DEAD (Month, Day, Year) U
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>[Signature]</i>		30. 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)	
31. DATE SIGNED (Month, Day, Year) June 29, 1998		32. DATE SIGNED (Month, Day, Year) COUNTY	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sean B. Dow, MD / 1900 Main Street / Klamath Falls, Oregon / 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. PART I: STATE THE CAUSE OF DEATH ONLY ONE CAUSE PER LINE FOR ALL DEATHS. DO NOT WRITE "NATURAL CAUSE OF DEATH" OR "NATURAL CAUSE OF DEATH" OR "NATURAL CAUSE OF DEATH".		Interval between onset and death	
(a) pulmonary hypertension		VCS	
(b) lung cancer		VCS	
(c) COPD		VCS	
PART II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: Pulmonary embolism		37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Unknown	
38. AUTOPSY ☐ Yes ☒ No		39. If YES, was autopsy considered in determining cause of death? ☐ Yes ☒ No	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY		41c. INJURY AT WORK? ☐ Yes ☒ No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

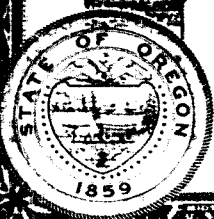
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JUN 30 1998

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

24553

State of Oregon, County of Klamath
Recorded 6/22/99, at 3:33 p.m.
In Vol. M99 Page 24552

Linda Smith,
County Clerk Fee \$ 15 HR

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