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MAY 21 10 44 AM 1973
STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. 72 Page 6296

72-002344

CERTIFICATE OF DEATH

Local File Number 70		State File Number	
DECEASED—NAME First Middle Last John Sarutski		DATE OF DEATH (month, day, year) 2. Feb. 19, 1972	
1. RACE (White, Negro, American Indian, etc. (specify)) White		2. DATE OF BIRTH (month, day, year) Jan. 19, 1909	
3. SEX Male		4. AGE—Last birthday (years) 63	
5. COUNTY OF DEATH Klamath		6. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Pres. Intercomm. Hospt.	
7. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		8. NAME OF SPOUSE Helen May Sarutski	
9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11. STATE OF BIRTH (if not in U.S.A., name country) Russia		12. KIND OF BUSINESS OR INDUSTRY Farming	
13. SOCIAL SECURITY NUMBER 504-10-5661		14. STREET AND NUMBER OR R.F.D. P.O. Box 242	
15. RESIDENCE—STATE Oregon		16. CITY, TOWN, OR LOCATION Malin	
17. FATHER—NAME first middle last John Sarutski		18. MOTHER—Maiden Name first middle last No Record	
19. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
20. IMMEDIATE CAUSE Hypertension			
21. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c) Coronary artery disease			
22. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), (c) Coronary artery disease			
23. ACCIDENT (specify yes or no) No			
24. DATE OF INJURY (month, day, year) Feb. 14, 1972			
25. HOUR 2-18-72			
26. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 2-18-72			
27. PLACE OF INJURY (specify) At home			
28. INJURY AT WORK (specify yes or no) No			
29. DATE OF DEATH (month, day, year) Feb. 19, 1972			
30. DEATH OCCURRED (hour) 10:55 P.M.			
31. CERTIFICATION—PHYSICIAN: I attended the deceased from: Feb. 14, 1972 to Feb. 19, 1972			
32. PHYSICIAN—SIGNATURE Kenneth K. Magee			
33. NAME (type or print) Kenneth K. Magee			
34. DEGREE OR TITLE M.D.			
35. DATE SIGNED (month, day, year) Feb. 21, 1972			
36. MAILING ADDRESS—PHYSICIAN Medical Dental Bld., Klamath Falls, Oregon 97601			
37. LOCATION Klamath Falls, Oregon 97601			
38. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			
39. CEMETERY OR CREMATORY—NAME Malin Cemetery			
40. LOCATION Malin, Oregon 97601			
41. FUNERAL HOME—NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.			
42. FUNERAL DIRECTOR—SIGNATURE Mike O'Hair			
43. REGISTRAR—SIGNATURE Marianne P. Sherman			
44. DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1972			
45. DATE RECEIVED BY STATE REGISTRAR MAR 6 1972			
46. RESERVED FOR REGISTRAR'S USE			

VS-2 R-69

STATE OF OREGON
County of Multnomah

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.



STATE REGISTRAR

SP*67315-333

VS-112 Rev. 7-71

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Wilbur O. Brickner

this 24th day of May A.D., 1973, at 10:55 o'clock A.M., and duly recorded in

Vol. 72 of Deeds on Page 6296

WM. D. MILNE, County Clerk

By

Fee \$2.00