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STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

Vol. M 77 Page 6921

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1. THELMA	ALMIRA	FAIRCHILD	2. April 13, 1977

RACE White, Negro, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3. White	4. Female	5a. 75	5b.	5c.	6. September 17, 1901

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	Inside City Limits (specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)
7a. Klamath	7b. Klamath Falls	7c. Yes	7d. Presbyterian Intercommunity

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE
8. Wisconsin	9. USA	10. Married	11. Russell L. Fairchild

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
12. 541 - 62 - 1323	13a. Housewife	13b. At home

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)	STREET AND NUMBER OR R.F.D.
14a. Oregon	14b. Klamath	14c. Klamath Falls	14d. No	14e. 3411 Madison

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
15. Franklin Hetherington	16. Harriet Zufelt	17. Russell L. Fairchild (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		approximate interval between onset and death
18. immediate cause (a)	DIABETIC RENAL DISEASE & UREMIA	4 weeks
due to, or as a consequence of:		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b)	DIABETES	
due to, or as a consequence of:		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. No	19b.

ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)
20e.	20f.	20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not View the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. 3-12-77	4-13-77	4-12-77		3:55 A. M.	

PHYSICIAN—SIGNATURE	NAME (type or print) degree or Title	DATE SIGNED (month, day, year)
27a. [signature] M.D.	22b. E.E. Howard, M.D.	22c. 4-13-77

MAILING ADDRESS—PHYSICIAN street city or town state zip

23. 2622 Campus Drive, Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state	DATE (mo., day, year)
24a. Burial	24b. Klamath Memorial Park	24c. Klamath Falls, Oregon	24d. Apr.15,1977

FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a. [signature]	Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. [signature]	26b. APR 15 1977	27.

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

Return to: Russell L. Fairchild Sr.
3411 Madison, Klamath Falls

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

MARJORIE S. COMER, Registrar

By [signature] Deputy Registrar
Date APR 18 1977 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of APRIL, A.D., 19 77 at 11:15 o'clock A.M., and duly recorded in Vol. M 77, of DEEDS on Page 6921.

WM. D. MILNE, County Clerk.

By [signature] Deputy

FEE $ 3.00