30546

STATE OF OREGON, STATE HEALTH DIVISION Vol. M 77 Page 9754
'77 JUN 3
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number | State File Number

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	CHARLES RUSSELL FIELDS
2. DATE OF DEATH (month, day, year)	May 14, 1977
3. RACE White, Negro, American Indian, etc. (specify)	White
4. SEX	Male
5a. AGE—last birthday (years)	35
5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)	
6. DATE OF BIRTH (month, day, year)	December 24, 1941
7a. COUNTY OF DEATH	Multnomah
7b. CITY, TOWN, OR LOCATION OF DEATH	Portland
7c. Inside City Limits (specify yes or no)	Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	Providence Hospital
8. STATE OF BIRTH (if not in U.S.A., name of country)	Tennessee
9. CITIZEN OF WHAT COUNTRY	U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. NAME OF SPOUSE	Linnie Adamae (Perkins) Fields
12. SOCIAL SECURITY NUMBER	-
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Service Manager
13b. KIND OF BUSINESS OR INDUSTRY	Office Supply Company
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Klamath Falls
14d. Inside City Limits (specify yes or no)	Yes
14e. STREET AND NUMBER OR RFD	1420 Summers Lane
15. FATHER—NAME first middle last	Emory Odell Fields
16. MOTHER—Maiden Name first middle last	Gertie Sue Cordell
17. INFORMANT—Name and relationship to deceased	Linnie A. (Marlene) Fields, Wife

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) ABDOMINAL TRAUMA WITH TERMINAL SEPSIS AND RENAL FAILURE.
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
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)

Field	Entry
19a. AUTOPSY (yes or no)	YES
19b. IF YES were findings considered in determining cause of death	YES
20a. DATE OF INJURY (month, day, year)	April 29, 1977
20b. HOUR	4:00PM
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	Auto passenger in two-car crash.
20d. INJURY AT WORK (specify yes or no)	NO
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	Highway
20f. LOCATION (street or R.F.D. No., city or town, county, state)	Hwy. 97, Milepost 287.7, Klamath County, Oregon

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Field	Entry
21a. DEATH OCCURRED (hour)	11:35 A M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour)	May 14, 1977 11:35 A M.
21c. FROM: Natural Causes ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending ☐	Accident
22a. CERTIFIER—SIGNATURE	Larry V. Lewman MD
22b. NAME—(type or print) Degree or Title	LARRY V. LEWMAN, M.D.
23. MEDICAL INVESTIGATOR FOR COUNTY	STATE OF OREGON
DATE SIGNED (month, day, year)	MAY 17, 1977
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
24b. CEMETERY OR CREMATORY—NAME	Granite Hill Cemetery
24c. LOCATION city or town, state	Grants Pass, Oregon
24d. DATE (month, day, year)	May 17, 1977
25a. FUNERAL DIRECTOR—SIGNATURE	Virgil F. Hull
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)	Hull & Hull, 612 NW "A" Street, Grants Pass, Oregon 97526
26a. REGISTRAR—SIGNATURE	[signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR	MAY 20 1977
27. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE	

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY Date MAY 20 1977

STATE OF OREGON)
)
COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

[signature]
Registrar of Vital Statistics

(Seal)

By Avery Fischer
Deputy Registrar of Vital Statistics

Ret. Marlene Fields 1420 Summers Lane City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of June A.D., 19 77 at 4:48 o'clock P M., and duly recorded in Vol. M 77, of DEEDS on Page 9754.

WM. D. MILNE, County Clerk

FEE $ 3.00

By Hazel Drazil Deputy