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# CERTIFICATE OF DEATH

Local File Number

| DECEASED—NAME | First | Middle | Last | State File Number |
|---|---|---|---|---|
| 1 | GERALD | ELVIN | RUTLEDGE | |

| | | | | |
|---|---|---|---|---|
| RACE White, Black, American Indian, etc.(specify) 3 White | SEX 4 Male | AGE—Last birthday (years) 5a 61 | Under 1 year: mos. / days — Under 1 day: hours / min. 5b / 5c | DATE OF DEATH (month, day, year) 2 March 12, 1976 |
| COUNTY OF DEATH 7a Klamath | CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c Presbyterian Intercommunity | | DATE OF BIRTH (month, day, year) 6 October 6, 1916 |
| STATE OF BIRTH (If not in U.S.A., name country) 8 Idaho | CITIZEN OF WHAT COUNTRY 9 USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married | SPOUSE (IF MARRIED, WIDOWED) 11 Phyllis P. Rutledge | IF HOSP. OR INST., indicate DOA, OP/Emer., or Transient [Specify] 7d DOA |
| SOCIAL SECURITY NUMBER 13 544 - 05 - 2089 | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Brakeman - Conductor | | KIND OF BUSINESS OR INDUSTRY 14b Southern Pacific R.R. | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No |

| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER OR R.F.D., ZIP | Inside City Limits (specify yes or no) |
|---|---|---|---|---|
| 15a Oregon | 15b Klamath | 15c Klamath Falls | 15d 3580 Denver Park 97601 | 15e NO |

| FATHER—NAME first middle last | MOTHER—Maiden Name first middle last | INFORMANT—NAME and relationship to deceased |
|---|---|---|
| 16 Frederick - Rutledge | 17 Elnora - Hall | 18 Phyllis P. Rutledge (Wife) |

| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | CEMETERY OR CREMATORY—NAME | LOCATION city or town state |
|---|---|---|
| 19a Burial | 19b Eternal Hills Memorial Gardens | 19c Klamath Falls, Oregon 97601 |

| FUNERAL SERVICE LICENSEE or person Acting As Such [Signature] | NAME AND ADDRESS OF FACILITY |
|---|---|
| 20a | 20b Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601 |

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

| 21a [Signature] | NAME AND ADDRESS OF CERTIFIER [Type or Print] | DATE SIGNED [Mo., Day, Yr.] | HOUR OF DEATH |
|---|---|---|---|
| Blake Berven M.D. | 21d Blake Berven, M.D., Medical Dental Bldg., Klamath Falls, Oregon 97601 | 21b March 13, 1978 | 21c 12:15 P.M. |

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e

| DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] | REGISTRAR |
|---|---|
| 22a MAR 13 1978 | 22b [Signature] Marian Johnson |

23 IMMEDIATE CAUSE

PART I (a) [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

DUE TO, OR AS A CONSEQUENCE OF: (a) Cardiac arrhythmia (Ventricular Fibrillation) — Interval between onset and death: 5 min

DUE TO, OR AS A CONSEQUENCE OF: (b) ASCVD - post Triple Vessel bypass graft — Interval between onset and death: 2mos

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Recent CVA, CHF

| ACCIDENT [Specify Yes or No] 26a | DATE OF INJURY [Mo., Day, Yr.] 26b | HOUR OF INJURY 26c M | DESCRIBE HOW INJURY OCCURRED 26d | AUTOPSY [Specify Yes or No] 24 No | WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No] Yes |
|---|---|---|---|---|---|
| INJURY AT WORK [Specify Yes or No] 26e | PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f | | LOCATION 26g STREET OR R.F.D. NO. CITY OR TOWN STATE | | |

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Johnson Deputy Registrar

Date MAR 13 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of March A.D., 19 78 at 4:00 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 4777.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha M. Kilsich Deputy