81481

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M80 Page 4180

36 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First	Middle	Last		DATE OF DEATH (month, day, year)	
1 WILLIAM	THOMAS	RUTLEDGE		2 February 7, 1980	
RACE White, Black, 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 Male	5a 79	5b	5c	6 August 17, 1900
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			IF HOSP, OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)
7a Klamath	7b Klamath Falls	7c 4016 Altamont			7d Home
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Idaho	9 USA	10 Married	11 Eliza Jane Rutledge		12 Yes
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 541 - 09 - 8976	14a Engineer - retired		14b Great Northern Railroad		
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 4016 Altamont 97601		15e NO
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Fred Lincoln Rutledge	17 Elnora - Hall		18 Eliza Jane 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, Oregon 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] Jon S. Wayland M.D.	DATE SIGNED [Mo., Day, Yr.] 21b February 8, 1980	HOUR OF DEATH 21c 12:45 P. M
NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d Jon S. Wayland, M.D., Medical Dental Building, Klamath Falls, Oregon 97601		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e		

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a FEB 12 1980	REGISTRAR 22b [Signature] Marian Ackerman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

		Interval between onset and death
PART I (a)	Cancer pancreas	
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (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)

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
24 No	25 (Specify Yes or No) Yes

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c M	26d
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc.(Specify)	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e	26f	26g	

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date FEB 12 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Return to:
D.L. Hooes
2261 S. 6th
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of March A.D., 19 80 at 2:09 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 4180.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Kelsch Deputy