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38-21980-M

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

72-010427

249
Local File Number

State File Number

DECEASED—NAME First Middle Last LAURA NALL RUTLEDGE			DATE OF DEATH (month, day, year) July 9, 1972		
1. RACE (White, Negro, American Indian, etc. (specify)) White			2. DATE OF BIRTH (month, day, year) September 25, 1910		
3. SEX Female			4. AGE—Last birthday (years) 61		
5. COUNTY OF DEATH Klamath			6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		
7. STATE OF BIRTH (If not in U.S.A., name country) Idaho			8. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 4016 Altamont Drive		
9. CITIZEN OF WHAT COUNTRY U.S.A.			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		
11. SOCIAL SECURITY NUMBER 541-09-8493			12. NAME OF SPOUSE William T. Rutledge		
13. U.S. OCCUPATION (give kind of work done during most of working life, even if retired) Housewife			14. KIND OF BUSINESS OR INDUSTRY At home		
15. RESIDENCE—STREET Oregon			16. STREET AND NUMBER OR R.F.D. 4017 Altamont Drive		
17. FATHER'S NAME—First middle last Clarence Potter			18. MOTHER'S Maiden Name—First middle last Minnie Pearl Morgan		
19. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			20. APPROXIMATE INTERVAL between onset and death		
(a) Immediate cause Myocardial infarction			1 hour		
(b) Due to, or as a consequence of Arteriosclerotic heart disease			5 yrs		
(c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last					
21. PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a), (b), or (c)			22. AUTOPSY (yes or no) no		
23. ACCIDENT (specify yes or no) no			24. DATE OF BIRTH (month, day, year) 10-13-58		
25. PLACE OF BIRTH (city, town, street, factory, office bldg., etc. (specify)) Idaho			26. HOW INJURY OCCURRED (state nature of injury in part I or part II, item 18) Peptic ulcer - previous hemorrhage May-1972		
27. DEATH AT HOME (specify yes or no) no			28. PLACE OF DEATH (city, town, street, factory, office bldg., etc. (specify)) Klamath Falls, Oregon		
29. CERTIFICATION—Physician (specify) Mark S. Kochevar			30. And last seen alive (month, day, year) 6-30-72		
31. PHYSICIAN'S SIGNATURE Mark S. Kochevar			32. DATE SIGNED (month, day, year) July 13, 1972		
33. ADDRESS—Physician 1905 Main Street Klamath Falls Oregon 97601			34. DATE (month, day, year) July 13, 1972		
35. FUNERAL HOME—Name and address (city, town, street, factory, office bldg., etc. (specify)) Ward's Klamath Falls Funeral Home, Box 217, Klamath Falls, Ore. 97601			36. DATE RECEIVED BY LOCAL HEALTH DEPARTMENT JUL 14 1972		
37. DATE RECEIVED BY STATE HEALTH DEPARTMENT JUL 24 1972					

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED July 2 | 1980

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to:
TA-Milne

STATE REGISTRAR

Jan H. [Signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of July A.D., 19 80 at 3:56 o'clock P M., and duly recorded in Vol. M80, of Deeds on Page 13120.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernard H. [Signature] Deputy