

CERTIFICATE OF DEATH

19521

Vital Records Unit

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TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
HOSPITAL
OR NURSING
HOME
SEE
HANDBOOK
FOR
INSTRUCTIONS
REGARDING
FILLING IN
THIS
FORM

POSITION

CERTIFIER

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

USE OF

DEATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
First Middle Last		2 January 4, 1983	
Earl McIntyre Rutherford		DATE OF BIRTH (month, day, year)	
1 White		6 December 30, 1920	
RACE White, Black, American Indian, etc. (specify)		CITY, TOWN OR LOCATION OF DEATH	
4 Male		7a Medford	
AGE—Last birthday (years)		7b Rogue Valley Mem. Hospt.	
5a 62		7c Inpatient	
CITIZEN OF WHAT COUNTRY		8 Faye M. Rutherford	
9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		11 Faye M. Rutherford	
13 544-01-7977		12 Auto Parts & Motor Machine	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14b Auto Parts & Motor Machine	
14a Auto Parts Salesman		14c Klamath Falls, Oregon	
RESIDENCE—STATE		15a Oregon	
COUNTY		15b Klamath	
CITY, TOWN, OR LOCATION		15c Klamath Falls	
STREET AND NUMBER OR R.F.D., ZIP		15d 4620 Onyx Ave. 97601	
FATHER—NAME		16 Victor Rutherford	
MOTHER—Maiden Name		17 Marie	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		18 Faye M. Rutherford, Wife	
19a Burial		19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE (Name and Address of Facility)		20a Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or	
20b Signature of Licensee		21a Richard Schaefer, M.D. 2911 Siskiyou Blvd. Medford, Oregon 97501	
21b 1/6/83		21c 4:36 A.M.	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22a JAN 10 1983	
REGISTRAR		22b Alma Brawley	
23 IMMEDIATE CAUSE		24 Yes	
PART I (a) DISSECTION OF THE ASCENDING AORTA		25 No	
(b) DUE TO, OR AS A CONSEQUENCE OF:		26a No	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		26b No	
PART II CORONARY ARTERY DISEASE		26c No	
ACCIDENT (Specify Yes or No)		26d No	
DATE OF INJURY (Mo., Day, Yr.)		26e No	
HOUR OF INJURY		26f No	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26g No	
INJURY AT WORK (Specify Yes or No)		26h No	
RESERVED FOR REGISTRAR'S USE		26i No	

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

HS-2 (Rev. 1/80)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE Jan 11, 1983

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

REGISTRAR, VITAL STATISTICS

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

18 day of Jan A.D., 1983 at 8:54 o'clock A.M., and duly recorded in

Vol M83 of Deeds on page 525.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By deputy