(PE	ınan Resourc	rea .		RTIFICATE OF	-	Val inn	> 525	
		19521	Ĺ	Vital Records I	Unit	- VOI.111	525	7
PRINT IN	Γ		l	Vital		St	ate File Number	
AANENT ACK	DECEASED N	Local File Number	f First	Middle	Last		DEATH (morth, day, year) Luary 4, 1983	
NK (/DECEASED-N	Ear	-	McIntyre	Rutherford	Under 1 day DATE OF	BIRTH (month, day, year)	
FOR UCTIONS SEE	RACE White, Bl	ack, American Indian,	SEX	AGE—Last birthday (years)	Under 1 year mus deys	ian mn c Dec	ember 30, 1920	
овоок	eta (specify) 3 Wh	ite	4 Male	5a 62	IME FHOSP OR IT	IST Indicate INOA COUNTY	OF DEATH	
İ		R LOCATION OF DEAT		r, give street and number)	Hospital Inp	atient 70 Jan	I WAS DECEMENT EVEN IN U	
	7a Medf	TH (If not in USA.	CITIZEN OF WHAT	COUNTRY WINOWED	DIVORCED (specify)	Faye M. Ruthe	ARMED FORCEST (STATE OF A	50 AO
EDENT S	name country) B WYOM		9 U.S.A	1 14	ried in	KIND OF BUSINESS OR	ROUSTRY	
DEATH DRAEDIN HITUTION	SOCIAL SECU	RITY NUMBER	of working	to Parts Sale	cma n	14b Auto Par		ine
UNDBOOK SARDING	13 544-(01-7977	14a AU			NO NUMBER OR R.F.D., ZIP	9/601 (specify yes or no)	
THON OF	15a Oreg	SIAIL	Klamath	15c Klamath	Falls 15d 462	O ONYX AVE.	relationship to deceased	
\hookrightarrow	FATHER-NA	ME first midd	ile last M	OTHER-Maiden Name	first middle las	Faye M. F	Rutherford, Wife	<u> </u>
		tor Rutherfo	Ord 17	, Marie -		LOCATION City or 1	own state	
	BURIAL, CRE	AUS. (specify)	CEMETERY OR CAL	u:lle Memoria	Gardens	19c Klamath	alls, Oregon-	
OSITION	193 Bur	TALL SEE CO	196 E LETTI 11 11 11 11 11 11 11 11 11 11 11 11 11	NAME AND ADDRESS O	FACILITY	Inc. 515 Pine	e St., Klamath Fa	lls,
	(Signature)	Mike Gh	lan:	%'Hair's Fun	nate Sign	ED [Ma. Oay. Yr]	HOUR OF DEATH	
2	3	e best of my lorow edge; to the caute(s) stated	steath occurred at the	time, date and place and) ₂₁₆ /	16/83	21c 4:36 A.	M
3	I & ∷	Signature	ERTIFIER I Type or Pri	1. Julian	<u>, </u>	1-41	97501	
ATIFIER E	를 들는 것	Dichard So	chaefer. M.	D. 2911 Si	skiyou Blvd.	Medford, C)regon 97501	-
	8 NAN	AE OF ATTENDING PHY	SICIAN IF OTHER THE	N CERTIFIER [Type or Print]	I			
CONDITIONS				REGISTRAR	-/I.			
IF ANY	DATE REC	EIVED BY REGISTRAR	(Mb., Day, Yr) [Q	22b [Signalure]	Almas	Drawley	<u> </u>	nd death
RISE TO	<u></u>	JAN 10 198	1FNIER	OMLY ONE CAUSE PER LIN	E POR(8). (0). AND (c).)	/	Interval between order a	
CAUSE TATING THE	PART D	DIATE CAUSE	AAIFUDICE	OF THE	ASENDIA	IC ADRIG	Interval between onset a	and death
. *!DERLYING LAUSE LAST	DUE TO	O. OR AS A CONSEQUE	NCE OF:					
\hookrightarrow	(б)						Interval between onset	end death
USE OF	Fel 1	O, OR AS A CONSEQUE					Yes WAS MEDICAL EXAMINER	NOTIFIE
DEATH	(c) CART OT	HER SIGNIFICANT CON	IDITIONS—Conditions	contributing to death but note	elated to cause given in PA	RT I (a) AUTOPSY [Specif	[Specify Yes or Ac]	
	7 '7	ORONARY (Specify Yes or No.) D.	ARTER	Day M. HOUR OF INJUR	T DESCRIBE HO	W INJURY OCCURRED		
4. —	ACCIDENT	[Specify Yes or No.] D.	ATE OF INJURY [Mb.	Day, Yr. 1 HOUR OF 1100.	M 26d		CITY OR TOWN STATE	
5. ——	263 INJURY AT	NO 2	66 ACE OF INJURY—ALM	26c ome, farm, street, factory,	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	
u	- INDURY A	es or Nb] offic	ice building, etc. (Spec.	· * /	260			
		NO 1261						
	260	NO 261	JSE.					
	260	NO 261 5 FOR REGISTRAR'S U	JGE					
	260	NO 261	JSE .				- or troveou H	S-2 (Rev.
	RESERVE	NO [26]	JGE	CERTIFIED	COFY OF DEAT	TH RECORD CO	UNIY OF JACKSON "	 S-2 (Rev.
	RESERVE	NO [28]			COPY OF DEAT	11 12001	UNITY OF JACKSON	S-2 (Rev.
	RESERVE S'TATE	NO [28]		i is a c	ownert and co	omplete transcr	UNITY OF JACKSON	S-2 (Rev.
	STATE This	NO [28]		i is a c	ownert and co	omplete transcr	UNITY OF JACKSON "	S-2 (Rev.
	RESERVE S'TATE	NO [28]			ownert and co	omplete transcr	UNITY OF JACKSON	S-2 (Rev.
	S'TATE This of de	NO [28]		i is a c	ownert and co	omplete transcr	UNITY OF JACKSON	S-2 (Rev.
	STATE This of de	NO [28]		i is a c	orrect and co	omplete transcr	whist of a record	S-2 (Rev.
	STATE This of de	NO [28]		regoing is a C JACKSON COUNTY	orrect and co	omplete transcr	UNITY OF JACKSON	S-2 (Rev.
	STATE This of de	OF OREGON certifies teath on file	that the fore with the contract of the contrac	regoing is a C JACKSON COUNTY	orrect and co	omplete transcr KIMENI.	unity of Jackson ipt of a record uniform statistics	S-2 (Rev.
	STATE This of de	OF OREGON certifies teath on file	that the fore with the co	regoing is a C JACKSON COUNTY (SFAL)	orrect and control HEALTH DEPARATE RAISED SEAL	omplete transcr KIMENI.	unity of Jackson ipt of a record uniform statistics	S-2 (Rev.
	STATE This of de	OF OREGON certifies teath on file	that the fore with the co	regoing is a C JACKSON COUNTY	orrect and control HEALTH DEPARATE RAISED SEAL	omplete transcr	unity of Jackson ipt of a record uniform statistics	S-2 (Rev.
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	STATE This of de	OF OREGON certifies teath on file	NOT N: COUNTY Of that the	Cegoing is a CUACKSON COUNTY (SFAL). VALID WITHOUT VOID IF AN ACCOUNTY OF KLAMATH: ss within instruction.	orrect and control of the ALTH DEPAIR RAISED SEAL LITERED	eived and file	UNITY OF JACKSON wipt of a record STATISTICS NITY d for record on the duly recorded in	\ \frac{1}{2}
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