

20145

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. 483 Page 5138

CERTIFICATE OF DEATH
ORS - 146

Local File Number		State File Number	
DECEASED - NAME		DATE OF DEATH (MONTH, DAY, YEAR)	
Shirley Toshiko Russell		March 25, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
Japanese		July 19, 1935	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
Fish Lake		Jackson	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
Hawaii		U.S.A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
575-34-1640		Married	
RESIDENCE - STATE		KIND OF BUSINESS OR INDUSTRY	
Oregon		Retail Clerk	
CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
Klamath Falls		Department Store	
FATHER - NAME FIRST MIDDLE LAST		MOTHER - MAIDEN NAME FIRST MIDDLE LAST	
Seito Uyechi		Kamado Iho	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		INFORMANT - NAME AND RELATIONSHIP TO DECEASED	
Burial		Lloyd L. Russell, Husband	
CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN STATE	
Klamath Memorial Park		Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE		NAME AND ADDRESS OF FACILITY	
[Signature]		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oreg.	
CERTIFICATION - MEDICAL EXAMINER			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (HOUR)		FROM:	
9:30 a.m.		NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/>	
M. 03 25 83		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIED SIGNATURE		NAME - (TYPE OR PRINT)	
[Signature]		Virgil M. Hulse, M.D.M.E.	
MEDICAL EXAMINER		DATE SIGNED (MONTH, DAY, YEAR)	
Jackson		March 30, 1983	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR	
April 5, 1983		[Signature]	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) Multiple traumatic injuries to head & body		INTERVAL BETWEEN ONSET AND DEATH	
(B) motor vehicle accident		seconds	
(C) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		INTERVAL BETWEEN ONSET AND DEATH	
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
03 25 83		Driver of auto which skidded on snow packed road, hitting truck head on.	
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
No		Highway 140	
RESERVED FOR REGISTRAR'S USE		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	
		MP 26.35 Butte Falls/Fish Lake Road, Jackson County	

STATE OF OREGON

ORIGINAL VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

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 April 5, 1983

(SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH ::s

I hereby certify that the within instrument was received and filed for record on the 6th day of April A.D., 1983 at 9:04 o'clock A.M. and duly recorded in Vol. 483, of Deeds on page 5138

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by [Signature] Deputy