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

CERTIFICATE OF DEATH

Local File Number

State File Number

1 DECEASED—NAME: First RUSSELL; Middle WARREN; Last McKENZIE

2 DATE OF DEATH (month, day, year): October 31, 1984

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 59

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 3, 1925

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 3004 Crest St - At Home

7c IF HOSP. OR INST. indicate DOA, OP, Emer. Rm., Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Idaho

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Nellie

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 519-22-1645

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger

14b KIND OF BUSINESS OR INDUSTRY: Logging

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3004 Crest St. 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Clarence McKenzie

17 MOTHER—first middle last (Maiden Name): Mildred Oliver

18 INFORMANT—NAME and relationship to deceased: Nellie McKenzie - Spouse

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION City or Town, State: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 MAIN St. - 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]: Kenneth Tuttle MD

21b DATE SIGNED (Mo., Day, Yr.): 11-02-84

21c HOUR OF DEATH: 3:40 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth Tuttle, MD 2680 "C" Uhrmann Rd. Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 5 1984

22b REGISTRAR [Signature]: Katherine E. Cravinho

23 IMMEDIATE CAUSE

PART I (a) metastatic carcinoma to the lung — Interval between onset and death: 6 months

(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(c) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No		M		No	Yes

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION STREET OR R.F.D. NO. / CITY OR TOWN / STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-83

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 Katherine E. Cravinho, Deputy Registrar

Date NOV 5 1984

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 10th day of June A.D., 19 85 at 12:57 o'clock P M, and duly recorded in Vol M85 of Deeds on page 8605.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Nellie McKenzie 3004 Crest St., L Klamath Falls, Oregon 97603