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

CERTIFICATE OF DEATH

323 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: CLINTON Middle: LEROY Last: RUSSELL

2 DATE OF DEATH (month, day, year): August 9, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 74

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): October 21, 1910

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 12992 Highway # 140 East

7c IF HOSP OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]:

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA name country): Colorado

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Othelia

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

13 SOCIAL SECURITY NUMBER: 544 - 01 - 7030

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

14b KIND OF BUSINESS OR INDUSTRY: Construction

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 12992 Highway # 140 E. 97603

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

16 FATHER—NAME first middle last: James W. Russell

17 MOTHER—first middle last (Maiden Name): Pearl Skyock

18 INFORMANT—NAME and relationship to deceased: Othelia B. Russell - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

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

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. - 97601

CERTIFIER

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 L. Tuttle M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 8-11-85

21c HOUR OF DEATH: 8:10 PM

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d Kenneth L. Tuttle, MD / 2680 "C" Uhrmann Road / Klamath Falls, Ore.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 12 1985

22b REGISTRAR [Signature]: Lorraine E. Lamb

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Metastatic adenocarcinoma of pancreas — Interval between onset and death: 9 months

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

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 record of death on file with the Klamath County Department of Health Services.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Lorraine E. Lamb *Deputy Registrar*

Date August 13, 1985

VOID IF ALTERED

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

Cash 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 14th day of August A.D., 19 85 at 3:13 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 12800.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith

Ret: Othelia Russell 12992 Highway #140 E., Klamath Falls, Ore. 97603