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CERTIFICATION OF VITAL RECORD

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I.D. TAG NO.

409

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: <u>Harvey</u> Middle: <u>Harry</u> Last: <u>RUTAN</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 24, 1990</u>
4. SOCIAL SECURITY NUMBER <u>566-24-7505</u>		5a. AGE - Last Birthday (Years) <u>63</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>Woodcliff, New Jersey March 26, 1927</u>	
8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		8b. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9a. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Refrigeration Mechanic</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Refrigeration Repair</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Lonice B. Rutan</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION <u>Bonanza</u>	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. STREET AND NUMBER <u>Meadow Lark Lane</u>	
13e. ZIP CODE <u>97623</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>6th</u>	
17. FATHER - NAME first middle last <u>Harvey Joseph Rutan</u>		18. MOTHER - NAME first middle maiden <u>Mae - Croft</u>	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merle West</u>		21b. LICENSE NUMBER (Of Licensee) <u>3329</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601</u>		23. DATE FILED (Month, Day, Year) <u>SEP 26 1990</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		25. REGISTRAR'S SIGNATURE <u>Donna A. Verling</u>	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH <u>9:45 P.</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. To the best of my knowledge, death occurred at the time, date, place and manner stated. (Signature) <u>Francis Van Rudd, M.D.</u>	
30. DATE SIGNED (Month, Day, Year) <u>September 25, 1990</u>		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Francis Van Rudd, M.D., 2624 Campus Drive, Klamath Falls, Oregon 97601</u>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) <u>Consequence of the Prostate</u> (b) <u> </u> (c) <u> </u>	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		35. DATE SIGNED (Month, Day, Year) <u> </u>	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. DATE OF INJURY (Month, Day, Year) <u> </u>		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. TIME OF INJURY <u> </u>		41. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

RETURN TO: LONICE RUTAN

1900 BURNS, #4, KFO 97603

DATE ISSUED

SEP 26 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Klamath County Title Co.
of Oct. A.D., 19 91 at 9:21 o'clock AM and duly recorded in Vol. M91 day
of Deeds on Page 21149Evelyn Biehn County Clerk
By Donna A. Verling

FEE \$8.00