

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

66-7269 10432 11745
certification on reverse side CERTIFICATE OF DEATH Vol. M-66-11745-978

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Olmsted		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.) a. STATE California b. COUNTY Los Angeles	
b. CITY, VILLAGE OR TOWNSHIP Rochester		c. CITY, VILLAGE OR TOWNSHIP Whittier	
c. LENGTH OF STAY in 1 b. 9 days		d. STREET ADDRESS 3600 Workman Mill Rd. Whittier, California	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION St. Marys Hospital		POST OFFICE	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Phil H. Putnam Ph.D.		4. DATE OF DEATH Oct 13, 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of Rio Hondo Junior College		10b. KIND OF BUSINESS OR INDUSTRY College President	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) South Dakota		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herikah I Putnam		13b. MOTHER'S MAIDEN NAME Nancy Bondurant	
14. SPOUSE'S NAME D. Maye Putnam		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes W.W. II	
16. SOC. SEC. NO. 543-20-1487		17. INFORMANT'S OWN SIGNATURE J.L. Titus ADDRESS Mayo Clinic Records, Rochester, Minnesota	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Cerebral edema			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):			
DUE TO (b) Brain tumor-astrocytoma			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)			
19a. DATE OF OPERATION 10-12-66		19b. MAJOR FINDINGS OF OPERATION Astrocytoma brain	
20a. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY):		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:00 Month 10 Day 13 Year 1966		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)		20f. CITY, VILLAGE OR TOWNSHIP Whittier, California	
20g. COUNTY		20h. STATE	
21. I certify I attended the deceased from 10-4-66 to 10-13-66 , and that I last saw the deceased alive on 10-13-66 and that death occurred at CDT 11:00 A. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.L. Titus M.D. In/for the Mayo Clinic		22b. ADDRESS Rochester, Minnesota	
22c. DATE SIGNED 10-13-66		23a. BURIAL CREMATION: REMOVAL (Specify) Removal	
23b. DATE Oct 13, 1966		23c. NAME OF CEMETERY OR CREMATORY Whittier, California	
23d. LOCATION (City, village or county) (State)		24. DATE FILED BY LOCAL REG. 10-18-66	
25. REGISTRAR'S SIGNATURE Viktor O. Wilson		26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR Lee Hargesheimer ADDRESS Rochester, Minnesota	

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

L. Hargesheimer
Signature of Sub-Registrar

Burial or removal permit issued Oct 13, 1966

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Company
this 14 day of November 1966 at 4:00 P.M., and
duly recorded in Vol. M-66, of deed

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DONALD ROGERS, County Clerk

By *Donna J. Hayden*
Deputy