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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 7

- 1a. NAME OF DECEASED—FIRST NAME: Raymond
- 1b. MIDDLE NAME:
- 1c. LAST NAME: Wood
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: June 4, 1972
- 2b. HOUR: 11:46 P.M.
- 3. SEX: Male
- 4. COLOR OR RACE: Cauc
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
- 6. DATE OF BIRTH: March 8, 1916
- 7. AGE (LAST BIRTHDAY): 56 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: Hollis Wood - California
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Frances Moran - California
- 10. CITIZEN OF WHAT COUNTRY: U. S. A.
- 11. SOCIAL SECURITY NUMBER: 707-03-0515
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Armine Lacasse
- 14. LAST OCCUPATION: Laborer
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 22
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): Van Camps Seafood Co.
- 17. KIND OF INDUSTRY OR BUSINESS: Food Processing

PLACE OF DEATH

- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:
- 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 22613 South Fries Avenue
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: Carson
- 18e. COUNTY: Los Angeles
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: Life YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: Life YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 22613 South Fries Avenue
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: Carson
- 19d. COUNTY: Los Angeles
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Armine Wood, Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. CORONER: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I have held an (investigation or inquest) on the remains of deceased as required by law.
- 21b. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I attended the deceased from 1964 to June 4, 1972 and last saw h— alive 5/15/72
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: C. T. Villanueva M.D.
- 21d. DATE SIGNED: 6/7/72
- 21e. ADDRESS: 1050 Pacific Cst Hwy, Harbor City, California
- 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-18415

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 6-8-72
- 23. NAME OF CEMETERY OR CREMATORY: ValHalla Cemetery
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: John D. McBrown 5082
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): McNerney's Colonial Mortuary
- 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): Yes
- 27. LOCAL REGISTRAR—SIGNATURE: [illegible signature] M.D.
- 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 8 1972

MEDICAL AND HEALTH DATA — CAUSE OF DEATH 9

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (A)	Carcinomatosis	1 yr
DUE TO, OR AS A CONSEQUENCE OF (B)	Laryngeal carcinoma	10 yr
DUE TO, OR AS A CONSEQUENCE OF (C)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

- 30. PART II. OTHER SIGNIFICANT CONDITIONS: Esophagitis; aspiration pneumonitis
- 31. WAS OPERATION OR BIOPSY PERFORMED: Biopsy
- 32a. AUTOPSY (SPECIFY YES OR NO): NO

INJURY INFORMATION

- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
- 34. PLACE OF INJURY:
- 35. INJURY AT WORK:
- 36a. DATE OF INJURY—MONTH, DAY, YEAR:
- 36b. HOUR:
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):
- 37b. DISTANCE FROM PLACE OF INJURY TO RESIDENCE: MILES
- 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS:
- 39. WERE LABORATORY TESTS DONE FOR ALCOHOL:
- 40. DESCRIBE HOW INJURY OCCURRED:

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					5437

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of A. W. WOODS

this 7th day of SEPTEMBER A.D., 1972 at 2:25 o'clock P.M., and duly recorded in

Vol. M 72, of DEEDS on Page 10053

WM. D. MILNE, County Clerk

FEE $2.00

By Hazel Dragich