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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT NO. | CERTIFICATE NUMBER

STATE FILE NUMBER 750239

1a. NAME OF DECEASED—FIRST NAME: D. | 1b. MIDDLE NAME: I. | 1c. LAST NAME: REDDIN

2a. DATE OF DEATH—MONTH, DAY, YEAR: February 16, 1973 | 2b. HOUR: 10:25 A M

3. SEX: Male | 4. COLOR OR RACE: Caucasian | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas | 6. DATE OF BIRTH: September 9, 1913 | 7. AGE (LAST BIRTHDAY): 59 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Edith L. McCombs - Texas

10. NAME AND BIRTHPLACE OF FATHER: John Wesley Reddin - Texas

11. SOCIAL SECURITY NUMBER: 457-05-5958 | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Bertha L. Wray

10. CITIZEN OF WHAT COUNTRY: U.S.A. | 14. LAST OCCUPATION: Custodian | 15. NUMBER OF YEARS IN THIS OCCUPATION: 3 | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Garden Grove School District | 17. KIND OF INDUSTRY OR BUSINESS: Education

8a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY: DOA Fountain Valley Community Hospital | 18a. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 17000 Euclid Avenue | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

8b. CITY OR TOWN: Fountain Valley | 18d. COUNTY: Orange | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 18 YEARS | 18g. LENGTH OF STAY IN CALIFORNIA: 31 YEARS

9a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11671 Dale Street | 19a. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No | 20. NAME AND MAILING ADDRESS OF INFORMANT: Bertha Lorraine Reddin, wife, Same

9c. CITY OR TOWN: Anaheim | 19b. COUNTY: Orange | 19c. STATE: California

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I WAS HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW: Investigation (INVESTIGATION OR INQUEST)

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 (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)

21c. PHYSICIAN OR CORONER: ▶ JAMES A. MUSICK, SHERIFF-CORONER BY Thomas A. Wahzek DEPUTY | 21d. DATE SIGNED: 2-20-73

21e. BY ADDRESS: 400 CIVIC CENTER DRIVE, SANTA ANA, CALIF. | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: 73-0693 S1

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial | 22b. DATE: 2/20/73 | 23. NAME OF CEMETERY OR CREMATORY: Forest Lawn Memorial Park, Cypress | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): License Number 4990

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Forest Lawn, Cypress, Calif. | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) | 27. LOCAL REGISTRAR—SIGNATURE: ▶ John R. Philip, M.D. | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: FEB 20 1973

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

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

- (A) IMMEDIATE CAUSE: Acute myocardial infarction
- DUE TO, OR AS A CONSEQUENCE OF
- (B): Coronary artery thrombosis
- DUE TO, OR AS A CONSEQUENCE OF
- (C): Arteriosclerotic heart disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: | 31. WAS OPERATION OR BIOPSY PERFORMED FOR CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No | 32a. AUTOPSY (SPECIFY YES OR NO): No | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET) | 35. INJURY AT WORK (SPECIFY YES OR NO) | 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 USUAL RESIDENCE, ITEM 19: MILES | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)? | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)?

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

Ref' Bertha L. Reddin

A. 11671 Dale St., Garden Grove Calif | B. | C. | D. | E. | F. 221. C

REV. 1-1-68 FORM VS-11

COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Date: APR 2 1973

Fee: $2.00 ☑ No Fee Government Purposes ☐

FEB 23 1973

Santa Ana, California

John R. Philip, M.D.

JOHN R. PHILIP, M.D., Registrar of Births and Deaths of Orange County

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of BERTHA LORAINE REDDIN

this 5th day of APRIL A. D., 19 73 at 2:19 o'clock P M., and duly recorded in Vol. M 73 of DEEDS on Page 4017

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Bragish