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CERTIFICATE OF DEATH

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STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
DONALD	FRENCH	RALPH	OCT. 5, 1975	1:22 A M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Cauc.	Missouri	6-11-1898	77 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: Marcus B. Ralph, Tenn.

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Julia E. French, Tenn.

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	542-40-8006	Married	Emma A. Redmond

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY OR BUSINESS
Farmer	39 yrs.	Sanford Jones	Farming

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
LongBeach Community Hospital	1720 Termino Ave.	yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Long Beach	Los Angeles	3 YEARS	3 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
20414 Wilder Ave.	yes	Emma A. Ralph 20414 Wilder Ave. Lakewood, Calif. 90715

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Lakewood	Los Angeles	California

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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (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) (ENTER MONTH, DAY, YEAR)
JUNE 1, 1966	10-5-75	10-4-75

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] M.D.

21d. DATE SIGNED: 10-5-75

21e. ADDRESS: 317 RedondoAv.,L.B.,Cal.

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A 018298

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE OF BODY EMBALMED—LICENSE NUMBER
Burial	10-8-1975	Lost River Cemetery, Bonanza, KlamathCo., Oregon	Jerry B. Duren 4935

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. NOTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
LUYBEN FAMILY MORTUARY LONG BEACH, CALIF. 90808	no	Liston A. Witherill	OCT 6 1975

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiogenic Shock	20 Hours
DUE TO, OR AS A CONSEQUENCE OF (B)	Congestive Heart Failure	1 Week
DUE TO, OR AS A CONSEQUENCE OF (C)	Renal Shut Down	20 Hours

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Severe Coronary Atherosclerosis, Diabetes Mellitus

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) AND/OR BIOPSY)

32a. AUTOPSY (SPECIFY YES OR NO): NO

32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

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)

STATE REGISTRAR

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

VS 11 (9-73)

OR 3rd Cpy

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $2.00

OCT 6 1975

Liston A. Witherill, Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG & SISEMORE ATTYS

this 1st day of DECEMBER A. D., 1975 at 1:42 o'clock P.M., and duly recorded in Vol. M 75, of DEEDS on Page 15083

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragel Deputy