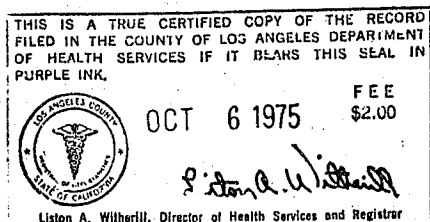


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CERTIFICATE OF DEATH Vol. 75 Page 15083
 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
 OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

1A. NAME OF DECEASED—FIRST NAME DONALD		1B. MIDDLE NAME FRENCH		1C. LAST NAME RALPH		2A. DATE OF DEATH—MONTH, DAY, YEAR OCT. 5, 1975		2B. HOUR 1:22 A	
3. SEX Male	4. COLOR OR RACE Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	6. DATE OF BIRTH 6-11-1898	7. AGE (LAST BIRTHDAY) 77	8. NAME AND BIRTHPLACE OF FATHER Marcus B. Ralph, Tenn.				
10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 542-40-8006		12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Julia E. French, Tenn.		13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) Emma A. Redmond		14. LAST OCCUPATION Farmer	
15. NUMBER OF YEARS IN THIS OCCUPATION 39 yrs.		16. NAME OF LAST EMPLOYING COMPANY OR FIRM Sanford Jones		17. KIND OF INDUSTRY OR BUSINESS Farming		18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Long Beach Community Hospital			
18B. CITY OR TOWN Long Beach		18C. COUNTY Los Angeles		18D. LENGTH OF STAY IN COUNTY OF DEATH 3		18E. LENGTH OF STAY IN CALIFORNIA 3		18F. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 20414 Wilder Ave.		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		19C. CITY OR TOWN Lakewood		19D. COUNTY Los Angeles		19E. STATE California	
20. NAME AND MAILING ADDRESS OF INFORMANT Emma A. Ralph 20414 Wilder Ave. Lakewood, Calif. 90715		21A. CORONER: 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 AT THE TIME OF DEATH. DATE: 10-5-75							
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 AT THE TIME OF DEATH. DATE: 10-5-75		21C. PHYSICIAN OR CORONER—SIGNATURE AND LICENSE OR TITLE John A. M.D. 10-5-75		21D. ADDRESS 317 Redondo Av., L.B., Cal.		21E. DATE SIGNED OCT 6 1975		21F. SIGNATURE OF CALIFORNIA LICENSEE John A. M.D. 10-5-75	
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22B. DATE 10-8-1975		23. NAME OF CEMETERY OR CREMATORY Los River Cemetery		24. EMBALMER—SIGNATURE AND LICENSE NUMBER James B. Duran 4935		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LUYEN FAMILY MORTUARY	
26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO) no		27. DEATH REPORTED TO LOCAL REGISTRAR (SPECIFY YES OR NO) no		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 6 1975		29. PART I. DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE Cardiogenic Shock (B) DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure (C) DUE TO, OR AS A CONSEQUENCE OF Renal Shut Down			
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Severe Aortic Atherosclerosis, Aortic Malformation		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY 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) no		32C. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) no	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE no		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) no		35. INJURY AT WORK (SPECIFY YES OR NO) no		36A. DATE OF INJURY—MONTH, DAY, YEAR no		36B. HOUR no	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) no		37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (IF IN MI) no		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) no		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO) no		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) no	

STATE REGISTRAR A. B. C. D. E. F.



STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of **GANNING & SISEMORE ATTY'S**

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

Hazel D. Magel Deputy