11888

CERTIFICATE OF DEATH

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

3000 08515 — 4389

Vol. Orig. Page

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH	2b. HOUR
EARL	SEAVEY	REED	10-4-75	1:00A. EST.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	AGE
Male	Caucasian	Michigan	July 24,1917	58

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
George Reed, Michigan	Addie Seavey, Michigan

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10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12.	13.
United States	375-18-8820	Married	Loura Dunn

14. LAST OCCUPATION	15.	16.	17. KIND OF INDUSTRY OR BUSINESS
Grinder Operator	14	Mc Graw & Son Foundry	Foundry Castings

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY	18b. STREET ADDRESS		
	130 W. Katella, #227		yes
18c. CITY OR TOWN	18d. COUNTY	18e.	18f.
Anaheim	Orange	18	20

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b.	20. NAME AND MAILING ADDRESS OF INFORMANT
7622 Redgum Street	Yes	Loura Reed P.O.BOX 152 Beatty,Oregon 97621
19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Anaheim	Orange	California

21a. CORONER	21b. PHYSICIAN	
Investigation	Thomas A Wszak 550 N.FLOWER STREET SANTA ANA, CALIF. 92703	10-6-75 75-3637Cy

22. METHOD OF DISPOSITION	22a. DATE	23. NAME OF CEMETERY OR CREMATORY	24. SIGNATURE OF LOCAL REGISTRAR	25. LICENSE NUMBER
Burial	10/9/1975	Anaheim District Cemetery Anaheim,California	Jack M Jarrett	6431

26. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	27.	28.
Daly & Bartel Mortuary Anaheim	John R. Philp, M.D.	OCT 8 1975

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Pending Investigation	
CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)		
DUE TO, OR AS A CONSEQUENCE OF (C)		

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31.	32a.	32b.

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $2.00 ☑ No Fee Government Purposes ☐
Date: NOV 18 1976

John R. Philp, M.D.,
Registrar of Births and Deaths of Orange County

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

☒ DEATH ☐ FETAL DEATH ☐ BIRTH

CERTIFICATE NUMBER: 3000 08515

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
EARL	SEAVEY	REED

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
Anaheim	October 4,1975	October 8, 1975

5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE
2B	Est. 1:00 a.m.	Est.3:30 a.m.
29A	Pending investigation	Aspiration of blood
29B	Blank	Trauma, etiology unknown
30	Blank	Blood alcohol .21%
31	Blank	No
32A	Blank	Yes
32B	Blank	Yes
33	Blank	Undetermined
34	Blank	Unknown
35	Blank	No
36A	Blank	October 4, 1975
36B	Blank	Unknown AM
37A	Blank	130 W. Katella, Anaheim
37B	Blank	Est. 3
38	Blank	Yes
39	Blank	Yes
40	Blank	Decedent received head and facial trauma, etiology unknown.
29C	Blank	Blank

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7. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: By: Thomas A Wszak Deputy — 8b. DATE SIGNED: 11-14-75

9a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE): Brad Gates — 9b. DEGREE OR TITLE: Sheriff-Coroner

9c. ADDRESS—STREET, CITY, STATE: 550 No. Flower St. Santa Ana, California

10a. OFFICE OF STATE OR LOCAL REGISTRAR: John R. Philp, M.D. — 10b. DATE ACCEPTED: NOV 17 1975

HA. DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS (REV. 1-1-65) FORM VS-24A

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John R. Philp, M.D.,
Registrar of Births and Deaths of Orange County

75-3637 Cy

Ret. Laura Reed
PO Box 152
Beatty Ore

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of MARCH A.D., 19 76 at 3:26 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 4389.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Drage Deputy