33466

249
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'77 AUG 3 PM 2 04
State File Number

Vol. 77 Page 13925

DECEASED

1. DECEASED—NAME: First: Lawrence; Middle: A.; Last: Redden
2. DATE OF DEATH (month, day, year): July 26, 1977
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 54
6. DATE OF BIRTH (month, day, year): March 21, 1923
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 8107 Booth Rd.
8. STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Wynemia Redden
12. SOCIAL SECURITY NUMBER: 446-16-7272
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Self Employed Custom Excavating
13b. KIND OF BUSINESS OR INDUSTRY: Excavating

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 8107 Booth Rd.
15. FATHER—NAME (first, middle, last): R.B. "Bert" Redden
16. MOTHER—Maiden Name (first, middle, last): Thelma Dunham Valouche
17. INFORMANT—NAME and relationship to deceased: Wynemia Redden, Wife

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	Cardiopulmonary Collapse	Immediate
(b) due to, or as a consequence of:	Cerebral Astrocytoma	4 years
(c) due to, or as a consequence of:		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 7-23-76 to July 26, 1977; And Last Saw Him/Her Alive on: 7-25-77; I Did/Did Not view the body after death (specify): Did not; DEATH OCCURRED (hour): 4:00 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Fletcher F. Conn M.D.
22b. NAME (type or print): Fletcher F. Conn; degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 7-27-77
23. MAILING ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): 7-29-77
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Judi A. Harrison
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 2 7 1977
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Judi A. Harrison Deputy Registrar

Date July 29 19 77

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of August A.D., 19 77 at 2:04 o'clock P M., and duly recorded in Vol. M 77, of DEEDS on Page 13925.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy