

33466

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

Date of Death (month, day, year)

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13925

DECEASED

Usual residence when death occurred. If death occurred in institution, give institution name and admission date.

1. DECEASED-NAME

First Middle Last

Lawrence A. Redden

2. RACE

White

3. SEX

Male

4. AGE

54

5. DATE OF BIRTH (month, day, year)

July 26, 1917

6. DATE OF DEATH (month, day, year)

March 21, 1973

7. COUNTY OF DEATH

Klamath

8. STATE OF BIRTH

Oregon

9. CITIZENSHIP

U.S.A.

10. MARRIAGE

Married

11. HOSPITAL OR OTHER INSTITUTION-NAME

Wynemia Redden

12. SOCIAL SECURITY NUMBER

446-16-7272

13. RESIDENCE-STATE

Oregon

14. FATHER-NAME

R.B. "Bet" Redden

15. MOTHER-NAME

Thelma Dunham Valouche

16. INHABITANT-NAME AND RELATIONSHIP TO DECEASED

Wynemia Redden, wife

17. DEATH CAUSED BY

Excavating

18. DEATH CAUSED BY

Excavating

CAUSE

Conditions, if any, which gave rise to, or contributed to, the death, stating the underlying cause last.

(a) due to or as a consequence of

(b) death caused by

(c) death caused by

(d) death caused by

(e) death caused by

(f) death caused by

(g) death caused by

(h) death caused by

(i) death caused by

(j) death caused by

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

(a) due to or as a consequence of

(b) death caused by

(c) death caused by

(d) death caused by

(e) death caused by

(f) death caused by

(g) death caused by

(h) death caused by

(i) death caused by

(j) death caused by

1. ACCIDENT

2. DATE OF INJURY

3. HOUR

4. HOW INJURY OCCURRED

5. AUTOPSY

6. IF YES, WHERE FINDINGS CONSIDERED

7. PLACE OF INJURY

8. LOCATION

9. DATE OF DEATH

10. TIME OF DEATH

11. DEATH CAUSED BY

12. PHYSICIAN-SIGNATURE

13. NAME (type or print)

14. DATE SIGNED

15. DEGREE OR TITLE

16. DATE RECEIVED BY LOCAL REGISTRAR

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