36269

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

76
Local File Number

CERTIFICATE OF DEATH

Vol. M77 Page 17995
State File Number

DECEASED—NAME (First / Middle / Last) 1. LAWRENCE / R. / MEDFORD					DATE OF DEATH (month, day, year) 2. September 10, 1977
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 78	Under 1 year: mos. 5b.	Under 1 day: days / hours 5c. / min.	DATE OF BIRTH (month, day, year) 6. October 18, 1898
COUNTY OF DEATH 7a. Yamhill	CITY, TOWN, OR LOCATION OF DEATH 7b. Newberg	Inside City Limits (specify yes or no) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Newberg Community Hospital		
STATE OF BIRTH (If not in U.S.A., name country) 8. Collinsville, Texas	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Alice Angelopoulos		
SOCIAL SECURITY NUMBER 12. 564-07-9359	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Refinery Construction		KIND OF BUSINESS OR INDUSTRY 13b. Retired		
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Yamhill	CITY, TOWN, OR LOCATION 14c. Sheridan	Inside City Limits (specify yes or no) 14d. yes	STREET AND NUMBER OR R.F.D. 14e. 564 SW Jefferson	
FATHER—NAME first middle last 15. Wade W. Medford	MOTHER—Maiden Name first middle last 16. Nash, Martha Medford	INFORMANT—NAME and relationship to deceased 17. Alice Medford, wife			

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

		approximate interval between onset and death
18. Immediate cause (a) Pneumonia	due to, or as a consequence of:	Days
Conditions; if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Cerebrovascular Accident	due to, or as a consequence of:	10-12 hrs
(c) Cerebral Atherosclerosis with Arterial Occlusion		6-8 months

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

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	AUTOPSY (yes or no) 19a. yes	IF YES were findings considered in determining cause of death 19b.
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.			

CERTIFICATION—PHYSICIAN: I attended the deceased from 21. month 8 day 30 year 77 TO month 9 day 10 year 77	And Last Saw Him/Her Alive on: month day year Sept 16, 77	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour) 9:34 P.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	
PHYSICIAN—SIGNATURE 22a. Harris Pearson MD	NAME (type or print) 22b. Harris Pearson	degree or Title MD	DATE SIGNED (month, day, year) 22c.		
MAILING ADDRESS—PHYSICIAN: 23. street 504 Villa Road, city or town Newberg, state Oregon zip 97132					
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Cremation	CEMETERY OR CREMATORY—NAME 24b. Pioneer Crematorium	LOCATION city or town 24c. Portland,	state Oregon	DATE (mo., day, year) 24d. 09-17-77	
FUNERAL DIRECTOR—SIGNATURE 25a. Leonard V. Attrell	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Attrell's Newberg Funeral Chapel,	207 Villa Road Newberg, Ore			
REGISTRAR—SIGNATURE 26a. Geraldine McDaniel	DATE RECEIVED BY LOCAL REGISTRAR 26b. Sept 20 1977	DATE RECEIVED BY STATE REGISTRAR 27.			

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

'77 SEP 26 PM 2 3

STATE OF OREGON

County of Yamhill

Pub. Clerk

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the YAMHILL COUNTY HEALTH CENTER of said City.

(SEAL)

L. E. Ragan M.D.
Registrar Vital Statistics

By Geraldine McDaniel

Date Sept 20 1977

NOT VALID WITHOUT RAISED SEAL OF YAMHILL COUNTY HEALTH CENTER.

VS-16 2/56

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 26th day of September A.D., 19 77 at 12:23 o'clock P M., and duly recorded in Vol M77 of Deeds on Page 17995.

FEE $3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy