37369

CERTIFICATE OF DEATH

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

Vol. M77 Page 19709

STATE FILE NUMBER

4700-213
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: William
1b. MIDDLE NAME: Lee
1c. LAST NAME: Richardson
2a. DATE OF DEATH—MONTH, DAY, YEAR: Sept. 28, 1977
2b. HOUR: 6:30 a. M
3. SEX: Male
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oregon
6. DATE OF BIRTH: July 6, 1942
7. AGE (LAST BIRTHDAY): 35 YEARS
IF UNDER 1 YEAR: MONTHS, DAYS
IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: R.F.Richardson, California
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mildred Morris, Oregon
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 542-48-5969
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ruth Richardson (Hughes)
14. LAST OCCUPATION: Truck Driver
15. NUMBER OF YEARS IN THIS OCCUPATION: 10
16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Newman Enterprises
17. KIND OF INDUSTRY OR BUSINESS: Logging

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Highway 96
18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION):
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
18d. CITY OR TOWN: Klamath River
18e. COUNTY: Siskiyou
18f. LENGTH OF STAY IN COUNTY OF DEATH: 1 month YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 1 month YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): (P.O. Box 49)
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Ruth Richardson, P. O. Box 49, Crescent, Oregon
19c. CITY OR TOWN: Crescent
19d. COUNTY:
19e. STATE: Oregon

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HOLD CORONER'S INQUEST THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE BEARING OF EVIDENCE ADDITIONAL TO THE CERTIFICATE AS REQUIRED BY LAW
21b. PHYSICIAN: I HELD LAST CERTIFICATE THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED — FROM (ENTER MONTH, DAY, YEAR) — TO (ENTER MONTH, DAY, YEAR) — AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
21d. Investigation
21e. L. M. Taylor SHERIFF/CORONER By: A Reeny deputy
21f. DATE SIGNED: 9-28-77
21c. ADDRESS: Yreka, California
21g. PHYSICIAN'S CALIFORNIA LICENSE NUMBER:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 10-1-77
23. NAME OF CEMETERY OR CREMATORY: West Side Cemetery, Lakeview, Ore.
24. EMBALMER—SIGNATURE (IF BODY EMBALMED): Jed W Smith — LICENSE NUMBER: 6591
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Ousley-Osterman Mortuary
26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): --
27. LOCAL REGISTRAR—SIGNATURE: P.K. Bley By Jeanne L Lane
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: OCT 4 - 1977

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
IMMEDIATE CAUSE (A): Massive skull fracture and intracranial
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (B): hemorrhages.
DUE TO, OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)
32a. AUTOPSY (SPECIFY YES OR NO): yes
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Accident
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, PREMISES, HIGHWAY, STREET, OFFICE BUILDING, ETC.): State highway
35. INJURY AT WORK (SPECIFY YES OR NO): Yes
36a. DATE OF INJURY—MONTH, DAY, YEAR: 9-28-77
36b. HOUR: 6:30 a. M
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): Same as No. 18 above
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): 190 MILES
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): yes
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): Decedent walked in front of log truck on highway.

STATE REGISTRAR — A. B. C. D. E. F.

6420

26-634

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 26 of Reg. Death Page 634. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 4th day of October 1977.

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COUNTY RECORDER SISKIYOU CO. CAL.

Fee: $2.00 Paid

P K Bley, Recorder

STATE OF OREGON; COUNTY OF KLAMATH; ss. Mrs. Ruth Richardson PO Box 49 Crescent Ore

I hereby certify that the within instrument was received and filed for record on the 11th day of OCTOBER A.D., 19 77 at 3:01 o'clock P M., and duly recorded in Vol M77, DEEDS on Page M77-19709.

FEE $3.00

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