

72982

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ATTENDING PHYSICIAN
CERTIFICATE OF DEATH
 STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

02436

LOCAL REGISTRAR'S FILE NO. 3223		STATE FILE NO.	
DECEASED - NAME First Middle Last Lorene Ethel Davenport		DATE OF DEATH (Month, Day, Year) February 11, 1979	
RACE - White		SEX Female	
AGE - Last Birthday (Year) 55		DATE OF BIRTH (Month, Day, Year) Aug 29, 1923	
CITY, TOWN, OR LOCATION OF DEATH Sapulpa		COUNTY OF DEATH Creek	
HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) Bartlett Memorial Medical Center			
STATE OF BIRTH (If not in U.S.A., Name Country) Oklahoma		CITIZEN OF WHAT COUNTRY U. S. A.	
SOCIAL SECURITY NUMBER 445-28-4279 A		SURVIVING SPOUSE (If Wife, Give Maiden Name) Randolph Davenport	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		KIND OF BUSINESS OR INDUSTRY at home	
RESIDENCE - STATE Oklahoma		STREET AND NUMBER Rt 2 Box 227	
FATHER - NAME Walter Frazee		MOTHER - MAIDEN NAME Elizabeth Burris	
INFORMANT - NAME Randolph Davenport (Husband)		MAILING ADDRESS Rt 2 Box 227, Bixby, Oklahoma 74008	
<p>PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)</p> <p>18. CAUSE OF DEATH (a) IMMEDIATE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:</p> <p>ARTERIO-SCLEROTIC HEART DISEASE</p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))</p> <p>19a. Yes <input type="checkbox"/> 19b. No <input checked="" type="checkbox"/> 19c. If Yes, state findings considered in determining cause of death.</p>			
<p>Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.</p>			
<p>CERTIFICATION - Month Day Year TO Month Day Year</p> <p>20a. PHYSICIAN I attended the deceased from 2/11/79 to 2/11/79</p> <p>20b. I did not view body after death 20c. D.D.</p> <p>20d. DEATH OCCURRED at 1:45 A.M. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.</p>			
<p>CERTIFIER - NAME (Type or Print) 21a. Phillip Washburn M. D.</p> <p>21b. SIGNATURE OF CERTIFIER Phillip Washburn</p> <p>21c. DATE SIGNED (Month, Day, Year) 2/11/79</p> <p>21d. MAILING ADDRESS - CERTIFIER 1004 E. Bryan Sapulpa, Oklahoma 74066</p>			
<p>22a. THE DECEASED was pronounced dead on 2/11/79</p> <p>22b. M.</p>			
<p>23a. BURIAL, CREMATION, REMOVAL Burial</p> <p>23b. DATE February 14, 1979</p> <p>23c. CEMETERY OR CREMATORY - NAME Oilton Cemetery</p>			
<p>24a. LOCATION (Crematory or Cemetery) Oilton, Okla.</p> <p>24b. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Owen Funeral Home, Inc. Sapulpa, Ok.</p> <p>24c. FUNERAL DIRECTOR Rene R. O'Brien</p>			
<p>25a. LOCAL REGISTRAR SIGNATURE Carolyn Shaffer</p> <p>25b. DATE RECD. BY LOCAL REG. 2-15-79</p> <p>26. DATE RECEIVED BY STATE REGISTRAR FEB 21 1979</p>			

Return to
 Edward Dominguez
 39675 7th St. W.
 Arroyo Valley Ca 93550



State Department of Health

ROGER C. PIRRONG
 STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
 OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
 HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

MARCH 23, 1979

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of August A.D., 1979 at 2:47 o'clock P.M., and duly recorded in Vol. M79 of Deeds on Page 20357.

FEE \$3.50

WM. D. MILNE, County Clerk
 By Barbara H. H. H. Deputy