

3114

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

Vol. m89 Page 13753

C-2749

I.D. TAG NO.

151

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

88-002020


Vital Records Unit

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME Ralph Lloyd BRIDGFORD		2. SEX M		3. DATE OF DEATH (Month, Day, Year) January 28, 1988	
4. SOCIAL SECURITY NUMBER 561-22-2087		5a. AGE - Last Birthday (Years) 63		5b. UNDER 1 YEAR Mo. 0 Days 0	
6. BIRTHPLACE (City and State or Foreign Country) Dayton, Ohio		7. DATE OF BIRTH (Month, Day, Year) Oct. 19, 1924			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 305 Idylwood Dr. S.E.		9c. CITY, TOWN, OR LOCATION OF DEATH Salem		9d. COUNTY OF DEATH Marion	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Printer		10b. KIND OF BUSINESS/INDUSTRY Printing Business		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Martha Bridgford		13d. STREET AND NUMBER 305 Idylwood Dr. S.E.			
13a. RESIDENCE - STATE Oregon		13b. COUNTY Marion		13c. CITY, TOWN, OR LOCATION Salem	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97302		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+) 11			
17. FATHER - NAME first middle last Clyde Osburn Bridgford		18. MOTHER - NAME first middle maiden Lillian Lee Gordon		19. INFORMANT - NAME and relationship to decedent Martha A. Bridgford, Wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) City View Crematory		20c. LOCATION - City or Town, State Salem, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas P. Golder</i>		21b. LICENSE NUMBER (Of Licensee) 47-3489		22. NAME, ADDRESS AND ZIP OF FACILITY V.T. Golden Mortuary, Inc. 605 Commercial St. S.E. Salem, Oregon 97301	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
23. TIME OF DEATH 7:55 A.M.		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Thodore G. Schultz</i>					
26. DATE SIGNED (Month, Day, Year) 1-28-88					
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Thodore G. Schultz, M.D., 801 Museum St., Salem, Oregon 97302					
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)					
29. DATE SIGNED (Month, Day, Year) COUNTY					
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
32. (a) Chronic Obstructive Lung Disease					
32. (b) Cigarette Smoking					
32. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)					
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. IF YES were findings considered in determining cause of death?					
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY (Month, Day, Year)	
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED			
36e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE <i>Edward J. Johnson II</i>		38. DATE FILED (Month, Day, Year) FEB 2, 1988			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED **JUL 24 1989**

 EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: \$5.

 Filed for record at request of Klamath County Title Co. the 27th day
 of July A.D., 19 89 at 1:05 o'clock P.M., and duly recorded in Vol. M89
 of Deeds on Page 13753
 Evelyn Biehn, County Clerk
 By Dorlene Miller

FEE \$8.00

 Return: Martha Bridgford
 303 Bradley Dr. SE#29, Salem, Or. 97302