

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 249		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) Clyde		First Middle Last Alvin Page	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN OR LOCATION Klamath Falls		C. CITY, TOWN OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 37 years		D. STREET ADDRESS, RURAL ROUTE, ETC. Rt. 2, Box 514	
D. NAME OF HOSPITAL (If not in hospital, give street address) Presbyterian Intercommunity Hospital		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
4. DATE OF DEATH Month Day Year August 17, 1966		5. SEX Male	
6. SOCIAL SECURITY NO. 341-09-9944		10. KIND OF BUSINESS OR INDUSTRY Andy Siloni Realtor	
12. DATE OF BIRTH Month Day Year August 23, 1914		13. AGE LAST BIRTHDAY Yrs. 51	
14. BIRTHPLACE (State or Foreign Country) Castle, Oklahoma		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country	
17. NAME OF FATHER Henry Page		18. MAIDEN NAME OF MOTHER Mattie Middlecamp	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Coronary Occlusion		16. IF DECEASED WAS A VETERAN, WHAT WAR? None	
DUE TO (B): Coronary Heart Disease		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Bessie Page (Wife)	
DUE TO (C):		Interval Between Onset and Death (Years, days, hours, etc.) 1 hour	
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I: None		21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> At Work <input type="checkbox"/> Not at Work		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. IF ACCIDENT DID INJURY OCCUR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) Home	
26. TIME OF INJURY Hour 4:00 P. M.		27. DESCRIBE HOW INJURY OCCURRED. None	
28. CERTIFICATE: I certify that I (investigated the death of) the deceased from or on August 17, 1966 to August 17, 1966 and that the death occurred at 8:50 P. M. from the cause and on the date stated above. J. Martin Adams, M.D., Asst. M.D., Inv. Klamath Falls, Oregon 8-17-66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other		30B. DATE 8-20-66	
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY REGISTRAR 8-25-66		32. REGISTRAR'S SIGNATURE Marjorie Comer	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm. P. Kendall, Klamath Falls, Oregon			

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.
By S. M. KEEFON, M.D. Registrar Vital Statistics
Date August 19, 1966
(SEAL) Marjorie Comer Deputy
Date August 19, 1966
VOID IF ALTERED
VS-16 2/56

STATE OF OREGON, ss
County of Klamath
Filed for record at request of:
Bessie Page
on this 22 day of August, A.D. 19 66
at 2:02 P. M. and duly
rec'd M-66 Deeds
Page 8438
I, Walter H. Roberts, County Clerk
Do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the files of the Department of Health.
Walter H. Roberts, County Clerk
Fee 1.50