8824 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 4700 136 M66 Pa 8660

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

21 236 Book Page

DECEDENT PERSONAL DATA

1a. Name of deceased—first name	George
1b. Middle name	Orlo
1c. Last name	Van Dyke
2a. Date of death	May 13, 1966
2b. Hour	8:50A.M.
3. Sex	Male
4. Color or race	White
5. Birthplace	Oregon
6. Date of birth	December 14,1895
7. Age	71 years
8. Name and birthplace of father	Lawrence E.Van Dyke-Iowa
9. Maiden name and birthplace of mother	Austa Ridgway-Ohio
10. Citizen of what country	U.S.A.
11. Social security number	700-12-7063
12. Last occupation	RR Locom.Engnr
13. Number of years in this occupation	48
14. Name of last employing company or firm	Southern Pacific Co.
15. Kind of industry or business	Transportation
16. If deceased was ever in U.S. armed forces give war or dates of service	WW I
17. Specify married, never married, widowed, divorced	Married
18a. Name of present spouse	Edith A. Van Dyke
18b. Present or last occupation of spouse	Housewife

PLACE OF DEATH

19a. Place of death—name of hospital	Mt.Shasta Community Hospital
19b. Street address	203 Eugene Street
19c. City or town	Mt. Shasta
19d. County	Siskiyou
19e. Length of stay in county of death	47 years
19f. Length of stay in California	50 years

LAST USUAL RESIDENCE

20a. Last usual residence—street address	110 Katherine Street
20b. If inside city corporate limits	[X]
20c. City or town	Dunsmuir
20d. County	Siskiyou
20e. State	California
21a. Name of informant	Jennie Beck
21b. Address of informant	Lomita, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. Physician: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I attended the deceased from ... and that I last saw the deceased alive on	5/13/66
22c. Physician or coroner—signature	[signature] M.D.
22d. Address	Dunsmuir, California
22e. Date signed	5/14/66

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. Specify burial, entombment or cremation	Burial
24. Date	5/16/1966
25. Name of cemetery or crematory	Mt.Shasta Memorial Park
26. Embalmer—signature; license number	Fielding O Russ / 4619
27. Name of funeral director	Mt.Shasta Memorial Chapel
28. Date accepted for registration by local registrar	MAY 17 1966
29. Local registrar—signature	Ernest T Johnson By Jaune L. Lane

MEDICAL AND HEALTH DATA

30. CAUSE OF DEATH

Part I. Death was caused by: Immediate cause (a) Cerebral Hemorrhage

Due to (b) Arteriosclerosis

Due to (c) (Complete Heart Block)

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a): Laryngeal Carcinoma

31. Operation—check one

32. Date of operation

33. Autopsy—check one: [X] No autopsy performed

34a. Specify accident, suicide or homicide

34b. Describe how injury occurred

35a. Time of injury: Hour Month Day Year

35b. Injury occurred: While at work / Not while at work

35c. Place of injury

35d. City, town, or location; County; State

9913 21-236

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, Ernest T. Johnson, 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 21 of Reg. of Deaths Page 236. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 19 day of July 1966

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Fee: $2.00 Paid

Ernest T. Johnson Recorder

COUNTY RECORDER SISKIYOU CO CAL.

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Edith A. Van Dyke

this 29 day of August A.D. 1966 at 12:35 o'clock P M., and

duly recorded in Vol. M66, of Deeds on Page 8660.

DOROTHY ROGERS, County Clerk

By Louise M. Kautzan

Fee 1.50

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