15504

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

Vol. M 76 Page 9585

208
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Angelo Middle: - Last: Conte
2. DATE OF DEATH (month, day, year): June 11, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 73
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): November 9, 1902
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Washburn Manor
8. STATE OF BIRTH (if not in U.S.A., name country): Italy
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Never Married
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 541-09-8319 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Plywood

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 2427 Pershing Way
15. FATHER—NAME first middle last: Tranquillo Conte
16. MOTHER—Maiden Name first middle last: Elisabetta Capplo
17. INFORMANT—NAME and relationship to deceased: Fred T. Salvestrin, Nephew

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. immediate cause
(a) Cardio Resp. Failure — approximate interval between onset and death: Terminal
due to, or as a consequence of:
(b) Metst Ca — liver — lungs — Bone — Known 5 wks
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of:
(c) Pancreatic Ca — Known 5 wks

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death

1.
2.
3.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from May 6 76 to June 11, 1976. And last saw him/her alive on: June 8 76. I Did/Did Not view the body after death (specify): NOT. DEATH OCCURRED (hour): 4:45 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. PHYSICIAN—SIGNATURE: [signature] M.D.
22b. NAME (type or print): Earle M. LeVernois — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): June 14 76
23. MAILING ADDRESS—PHYSICIAN: 2628 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Winema Cemetery
24c. LOCATION city or town, state: Weed, California
24d. DATE (mo., day, year): 6-14-76
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Peterman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 14 1976
27. DATE RECEIVED BY STATE REGISTRAR: Ret: Fred Salvestrin Rt 1-134 186 Weed Calif 96094

4.
5.
6.

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

'76 JUN 24 PM 4 35

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

(SEAL)

By [signature] Deputy Registrar
Date JUN 15 1976 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of June A.D., 19 76 at 4:35 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 9585.

WM. D. MILNE, County Clerk

FEE $ 3.00

By [signature] Deputy