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 STATE OF OREGON—STATE HEALTH DIVISION
 Vital Statistics Section

 Vol. 77 Page 12236
 77-005528

Local File Number		CERTIFICATE OF DEATH		State File Number	
128					
DECEASED—NAME First Middle Last			DATE OF DEATH (month, day, year)		
1. PETE - SAVOY			2. April 26, 1977		
RACE White, Negro, American Indian, etc. (specify)			SEX	AGE—last birthday (years)	DATE OF BIRTH (month, day, year)
3. White			4. Male	5. 87	6. January 1, 1890
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		
7a. Klamath			7b. Klamath Falls	7d. 500 Broad Street	
STATE OF BIRTH (if not in U.S.A., name of country)			CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE
8. Italy			9. USA	10. Widowed	11. -
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	
12. 540 - 26 - 3576			13a. Brick Mason	13b. Building	
RESIDENCE—STATE			CITY, TOWN, OR LOCATION	STREET AND NUMBER OR RFD	
14a. Oregon			14b. Klamath	14c. Klamath Falls	14d. 500 Broad Street
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last	INFORMANT—Name and relationship to deceased	
15. Demetrio Savoio			16. Rifaelo Petrona	17. Self - Prearrangement	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. Immediate Cause					
(a) <i>Acute Anterior Myocardial Infarction</i>					
(b) <i>Obstruction Interior Descending Coronary</i>					
(c) <i>Anterior Descending Heart Disease</i>					
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)					
18a. YES 18b. Yes					
DATE OF INJURY (month, day, year) HOUR HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)					
20a. INJURY AT WORK (specify yes or no) 20b. NO 20c. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) 20d. At Home 20e. LOCATION (street or R.F.D. No., city or town, county, state) 20f. 500 Broad / Klamath Falls / Klamath / Oregon					
CERTIFICATION—MEDICAL INVESTIGATOR I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:					
DEATH OCCURRED (hour) about 21a. 8:15 P.M. 21b. THE DECEDENT WAS PRONOUNCED DEAD (month day year hour) M. 21c. FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> Degree or Title					
CERTIFIER—SIGNATURE 22a. <i>George R. Nicholson</i> 22b. NAME—(type or print) George R. Nicholson D.O. 22c. DATE SIGNED (month, day, year) April 29, 1977					
MEDICAL INVESTIGATOR FOR: 23. KLAMATH COUNTY April 29, 1977					
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial 24b. CEMETERY OR CREMATORY—NAME Mt. Calvary 24c. LOCATION City or town state Klamath Falls, Oregon 24d. DATE (month, day, year)					
FUNERAL DIRECTOR'S SIGNATURE 25a. <i>James L. Ward</i> 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) WARD'S - 1945 Main - Klamath Falls, Ore. 97601					
REGISTRAR'S SIGNATURE 26a. <i>Judi A. Harrison</i> 26b. DATE RECEIVED BY LOCAL REGISTRAR April 29, 1977 27. DATE RECEIVED BY STATE REGISTRAR MAY 3 1977					
RESERVED FOR REGISTRAR'S USE					
28.					

DATE ISSUED JULY 8 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

REV. O.W. Shapley
 431 Main St NE

STATE REGISTRAR
Maria M. Math.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of July A.D., 1977 at 4:28 o'clock P.M., and duly recorded in Vol. M 77 of Deeds on Page 12236.

FEE \$3.00

WM. D. MILNE, County Clerk.

By *Hasel Hazen* Deputy