

83687

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 80 Page 7836252
Local File Number

CERTIFICATE OF DEATH

TYPE
PRINT
4
ANENT
ACK
JK
CTIONS
E
BOOK

DENT

ON

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

PH 2

DECEASED—NAME		First	Middle	Last	State File Number
1 ARTHUR				SILVERS	DATE OF DEATH (month, day, year)
2 July 17, 1979					
RACE White, Black, American Indian, etc. (specify) White		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day
3 Male		4 78	5a	5b	5c
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME	
7a Klamath		7b Klamath Falls		7c West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 Indiana		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
13 544-46-6927		14a Rancher		11 Eunice I. Silvers	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY	
15a Oregon		15b Klamath	15c Klamath Falls	14b Agriculture	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased	
16 Dave Silvers		17 Nora Virginia Duke		18 Eunice I. Silvers, wife	
BURIAL, CREMATION, REMOVAL OF REMAINS (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state	
19a		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY			
20a William J. Davenport		20b 6420 South Sixth Street, Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97601			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a (Signature) Alden Glidden		21b 7-18-79		21c 8:45 A M	
CERTIFIER—NAME AND TITLE (Type or Print)		MAILING ADDRESS (Street, city or town, state, zip)			
21d Alden Glidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a JUL 18 1979		22b (Signature) Marion Ackerman			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a No		26b	26c	26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION			
26e		26f			
STREET OR R.F.D. NO.		CITY OR TOWN	STATE		
26g					

RESERVED FOR REGISTRAR'S USE

Rodriguez, Glenn & Wickerson
406 5th St.
Madras, Or. 97741

VS-2 Rev-8-78 P-65412

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 Services.

(SEAL)

MARION ACKERMAN, Registrar Vital Statistics

By Marion Ackerman Deputy RegistrarDate JUL 18 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 28th day of April A.D., 19 80 at 2:04 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 7836.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernard H. Hefner Deputy