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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number 234

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First THARON Middle EDGAR Last HAGLER
2. DATE OF DEATH (month, day, year): June 29, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE-Last birthday (years): 59
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): June 27, 1913
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): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Velma LaVaughn Hagler
12. SOCIAL SECURITY NUMBER: 514-09-8560
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Pile Driver
13b. KIND OF BUSINESS OR INDUSTRY: Railroad
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.: 5709 Casa Way
15. FATHER—NAME first middle last: Ernest — Hagler
16. MOTHER—Maiden Name first middle last: Julia — Clino
17. INFORMANT—NAME and relationship to deceased: Elaine McGillivray (Daughter)

CAUSE

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

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(a) Immediate cause: General debility — approximate interval between onset and death: days
(b) due to, or as a consequence of: Metastatic bronchogenic carcinoma — months
(c) due to, or as a consequence of:

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

ACCIDENT (specify yes or no) 20a. | DATE OF INJURY (month, day, year) 20b. | HOUR 20c. M. | HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.

INJURY AT WORK (specify yes or no) 20e. | PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. | LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year June 26 1972 to month day year June 29 1972 | And Last Saw Him/Her Alive on: month day year June 29 1972 | I Did/Did Not view the body after death (specify): Did not | DEATH OCCURRED (hour): 6:30p M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Glenn Miller M.D. | NAME (type or print): 22b. Glenn C. Miller M.D. | DATE SIGNED (month, day, year): 22c. July 1, 1972

MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 23. 1905 Main Street / Klamath Falls / Oregon / 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Removal-Burial | CEMETERY OR CREMATORY—NAME: 24b. Columbus | LOCATION city or town state: 24c. Columbus, Kansas | DATE (mo., day, year): 24d. June 30,1972

FUNERAL DIRECTOR—SIGNATURE: 25a. W. W. Ward | FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE: 26a. Winifred Murphy | DATE RECEIVED BY LOCAL REGISTRAR: 26b. JUL 3 1972 | DATE RECEIVED BY STATE REGISTRAR: 27. JUL 10 1972

182 0 RESERVED FOR REGISTRAR'S USE: 28.

VS-1 Rev. 69

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED: July 12, 1972

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.

STATE REGISTRAR

VS-112 Rev. 7-71 SP*67315-333

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Velma L Hagler

this 18th day of August A. D., 19 72 at 9:49 o'clock A. M., and duly recorded in Vol. M 72, of Deeds on Page 9271

Fee $ 2.00

WM. D. MILNE, County Clerk

By Carol Shelley