

RECEIVED 11-29-74
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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

ol. M74 Page 15243

Local File Number
242

CERTIFICATE OF DEATH

State File Number

| | | | |
|--|--|---|--|
| DECEASED—NAME First Middle Last Charles Robert Klem | | DATE OF DEATH (month, day, year) August 6, 1974 | |
| RACE (specify) White | | SEX Male | AGE—last birthday (years) 47 |
| COUNTY OF DEATH Klamath | | CITY, TOWN, OR LOCATION OF DEATH Lake of The Woods | HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Lake of The Woods |
| STATE OF BIRTH (if not in U.S.A. name of country) Oregon | | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married |
| SOCIAL SECURITY NUMBER 544-24-1253 | | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Foreman | KIND OF BUSINESS OR INDUSTRY Produce Pacific Fruit Distributor |
| RESIDENCE—STATE Oregon | | CITY, TOWN, OR LOCATION Klamath Falls | STREET AND NUMBER OR RFD 3919 Bristol Ave. |
| FATHER—NAME first middle last Kenneth P. Klem | | MOTHER—Maiden Name first middle last Agnes R. Robinson | INFORMANT—NAME and relationship to deceased Cora Mary Klem, Wife |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | |
| 18. Immediate Cause (a) Occlusive coronary arteriosclerosis due to, or as a consequence of: (b) _____ due to, or as a consequence of: (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) | | | |
| DATE OF INJURY (month, day, year) HOUR HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) | | | |
| INJURY AT WORK (specify yes or no) PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) LOCATION (street or R.F.D. No., city or town, county, state) | | | |
| CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted as or about: DEATH OCCURRED (hour) THE DECEDENT WAS PRONOUNCED DEAD (month day year) FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> 21a. 11:00 A.M. 21b. 8-6-74 21c. 12:01 P.M. 21d. Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> CERTIFIER—SIGNATURE NAME—(type or print) Degree or Title 22a. Veldon C. Boge M.D. 22b. DATE SIGNED (month, day, year) FOR: Klamath COUNTY August 9, 1974 | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial CEMETERY OR CREMATORY—NAME LOCATION city or town state DATE (month, day, year) 24a. Klamath Mem. Park Klamath Falls, Oregon 8-9-74 24b. FUNERAL DIRECTOR—SIGNATURE FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ore. 97601 25a. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls 25b. REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR DATE RECEIVED BY STATE REGISTRAR 26a. 26b. Aug. 9, 1974 27. AUG 19 1974 28. RESERVED FOR REGISTRAR'S USE | | | |

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON
County of Multnomah

ss.

DATE ISSUED AUGUST 22 1974

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of CORA MARY KLEM

this 29th day of NOVEMBER A.D., 1974 at 9:45 o'clock A.M., and duly recorded in

Vol. M.74, of DEEDS on Page 15243

CORA MARY KLEM
3919 Bristol
M.D.

FEE\$ 2.00

WM. D. MILNE, County Clerk

By Deputy

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