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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

21958 — 331 Local File Number

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CERTIFICATE OF DEATH

State File Number

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	CHARLES LEROY KALER
2. Date of Death (month, day, year)	September 29, 1976
3. Race (White, Negro, American Indian, etc.) (specify)	White
4. Sex	Male
5a. Age—Last birthday (years)	66
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	April 18, 1910
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)	Presbterian Intercomm. Hos
8. State of Birth (if not in U.S.A., name country)	Oregon
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Louise Kaler
12. Social Security Number	544 - 20 - 2613
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Engineer - Retired
13b. Kind of Business or Industry	Southern Pacific RR
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Keno
14d. Inside City Limits (specify yes or no)	No
14e. Street and Number or R.F.D.	PO Box 408
15. Father—Name (first, middle, last)	Charles W. Kaler
16. Mother—Maiden Name (first, middle, last)	Rachel Jones
17. Informant—Name and relationship to deceased	James Kaler - Brother

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

CAUSE

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

18.	Cause	Approximate interval between onset and death
(a) Immediate cause	Cardiac Arrest	Acute
(b) Due to, or as a consequence of	Acute M.I.	1 Mo.
(c) Due to, or as a consequence of	Cardiovasc. Dis	Chronic

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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:

Field	Entry
20a. Accident (specify yes or no)	No
20b. Date of Injury (month, day, year)	
20c. Hour	M.
20d. How Injury Occurred	
20e. Injury at Work (specify yes or no)	
20f. Place of Injury (at home, farm, street, factory, office bldg., etc.)	
20g. Location (street or R.F.D. No., city or town, county, state)	

CERTIFIER

21. Certification—Physician: I attended the deceased from 10-25-74 to 9-29-76. And last saw him/her alive on 9/2/76. I Did/Did Not view the body after death: Did. Death occurred 10:15 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

Field	Entry
22a. Physician—Signature	[signature]
22b. Name (type or print), degree or title	Alden B. Glidden MD
22c. Date Signed (month, day, year)	9/29/76
23. Mailing Address—Physician	2680 "B" Uhrmann Road - Klamath Falls, Oregon 97601

BURIAL

Field	Entry
24a. Burial, Cremation, Removal, Maus. (specify)	Burial
24b. Cemetery or Crematory—Name	Eternal Hills
24c. Location (city or town, state)	Klamath Falls, Oregon
24d. Date (mo., day, year)	Oct. 4, '76
25a. Funeral Director—Signature	[signature]
25b. Funeral Home—Name and Address	WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. Registrar—Signature	[signature]
26b. Date Received by Local Registrar	SEP 3 0 1976
Date Received by State Registrar	

Reserved for Registrar's use: 1. 2. 3. 4. 5. 6.

28. Ret.- Louise Kaler, PO Box 408, K.F.

VS-2 R-69

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.

(SEAL)

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

By [signature], Deputy Registrar
Date SEP 3 0 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 22nd day of NOVEMBER A.D., 1976 at 4;45 o'clock P M., and duly recorded in Vol M 76 of DEEDS on Page 18632.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $ 3.00