F63 NOV 24 PM 2 38

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M80 Page 22812

CERTIFICATE OF DEATH

Local File Number 410 | State File Number

1 DECEASED—NAME: First ELMER Middle WILLIAM Last ZIGLER

2 DATE OF DEATH (month, day, year): November 14, 1980

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 68

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 23, 1912

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 403 Torrey

7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient [Specify]: Home

7d COUNTY OF DEATH: Klamath

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 SPOUSE (IF MARRIED, WIDOWED): Flora M. Zigler

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 541 - 09 - 9369

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Instructor - retired

14b KIND OF BUSINESS OR INDUSTRY: O.I.T.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 403 Torrey 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Clarence Alvin Zigler

17 MOTHER—Maiden Name first middle last: Evelyn Osborne

18 INFORMANT—NAME and relationship to deceased: Flora M. Zigler (Wife)

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Kenneth L. Tuttle M.D.

21b DATE SIGNED [Mo., Day, Yr.]: November 17, 1980

21c HOUR OF DEATH: 8:15 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth L. Tuttle, M.D., 2680 "C" Uhrmann Road, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 19 1980

22b REGISTRAR [Signature]: Claudine Francis

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I (a) Probable metastatic adenocarcinoma of

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pancreas — Interval between onset and death: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) — Interval between onset and death:

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	AUTOPSY [Specify Yes or No] 24: No	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25: No
26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26d DESCRIBE HOW INJURY occurred		
		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
County of Klamath

HS-2 Rev-1-00

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)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudine Francis

Date NOV 19 1980, Deputy Registrar

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

#305

STATE OF OREGON; COUNTY OF KLAMATH;ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of November A.D., 1980 at 2:38 o'clock P.M., and duly recorded in M-80 of Deeds on page 22812.

Fee $ 3.50

WM. D. MILNE, County Clerk

by Jacqueline J. Mettler