

43001

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

Vol. M84

Page

18996

Local File Number

State File Number

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last ALFRED SCHADLER			DATE OF DEATH (month, day, year) 2 November 5, 1984		
RACE White, Black, American Indian, etc. (specify) White			SEX Male		AGE—Last birthday (years) 62
CITY, TOWN OR LOCATION OF DEATH Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center		DATE OF BIRTH (month, day, year) December 10, 1921
STATE OF BIRTH (If not in U.S.A. name country) Oklahoma			CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 443-18-9885			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Foreman: Sawmill		SPOUSE (IF MARRIED, WIDOWED) Leola Schadler
RESIDENCE—STATE Oregon			COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 1006 Laurel St. 97601
FATHER—NAME first middle last John - Schadler			MOTHER—first middle last (Maiden Name) Olga - Rescler		INFORMANT—NAME and relationship to deceased Leola O. Schadler, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation			CEMETERY OR CREMATORY—NAME Klamath Cremation Service		LOCATION city or town state Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Mike [Signature]			NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a (Signature) Alden B. Glidden			DATE SIGNED (Mo. Day, Yr.) 11-7-84		HOUR OF DEATH 10:17 P. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Alden Glidden, M.D., 2680 Uhrmann Rd., Klamath Falls, Oregon 97601			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) NOV 7 1984			REGISTRAR 22b (Signature) MARIAN ACKERMAN		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Large Cell Undifferentiated Carcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF: (c) COPD + Chronic smoker's bronchitis			Interval between onset and death Aunt Unknown Chronic		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Coronary Artery Disease			AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo. Day, Yr.)		
HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
LOCATION			STREET OR R.F.D. NO		
CITY OR TOWN			STATE		
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By MARIAN ACKERMAN, Deputy Registrar

Date NOV 7 1984

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 8th day of November A.D., 1984 at 2:10 o'clock P M, and duly recorded in Vol M84 of Deeds on page 18996.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 4.00 Index: \$1.00

Ret: Leola Schadler
1006-Op Laurel St
Klamath Falls