

48733

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

Vol. 1485 Page

7132

TYPE  
OR PRINT  
IN  
INSTRUMENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
BOOK

IDENT

DEATH  
CAUSED BY  
INSTRUMENT  
WHICH  
GIVING  
EVIDENCE  
OF  
CAUSE

POSITION

TIFIER

NOTATIONS  
IF ANY  
WHICH  
GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
FROM THE  
INSTRUMENT  
USE LAST

DECEASED—NAME First Middle Last 1 <b>SIGURD O. DAHLER</b>		State File Number	
2 <b>White</b>		DATE OF DEATH (month, day, year) 2 <b>May 9, 1985</b>	
3 <b>Male</b>		DATE OF BIRTH (month, day, year) 6 <b>February 18, 1902</b>	
CITY, TOWN OR LOCATION OF DEATH 7a <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b <b>Klamath Convalescent Center</b>	
STATE OF BIRTH (If not in U.S.A.) 8 <b>North Dakota</b>		CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER 13 <b>543-07-3496</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <b>Married</b>	
RESIDENCE—STATE 15a <b>Oregon</b>		SPOUSE (IF MARRIED, WIDOWED) 11 <b>Verona P. Dahler</b>	
COUNTY 15b <b>Klamath</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>Lumber</b>	
CITY, TOWN OR LOCATION 15c <b>Klamath Falls</b>		STREET AND NUMBER OR R.F.D., ZIP 15d <b>3738 Bisbee Street 97603</b>	
FATHER—NAME 16 <b>Halvor Dahler</b>		MOTHER—NAME 17 <b>Karen Johnson</b>	
BURIAL, CREMATION, REMOVAL MAUS. (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b <b>Eternal Hills Memorial Gardens</b>	
FUNERAL SERVICE LICENSEE OF Person Acting As Such 20a <b>William J. Navarret</b>		NAME AND ADDRESS OF FACILITY 20b <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7192</b>	
21a (Signature) <b>Kenneth K. Magee</b>		DATE SIGNED (Mo., Day, Yr.) 21b <b>May 10, 1985</b>	
NAME AND ADDRESS OF CERTIFIER (Type in Print) 21c <b>Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601</b>		HOUR OF DEATH 21d <b>6:00 A.M.</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type in Print) 21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <b>MAY 10 1985</b>	
22b (Signature) <b>Arthur E. Caviness</b>		REGISTRAR	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Recurrent CVA</b> (b) <b>Coronary atherosclerosis</b> (c) <b>General Debility</b>			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>General Debility</b>			
ACCIDENT (Specify Yes or No) 26a <b>No</b>		DATE OF INJURY (Mo., Day, Yr.) 26b	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e <b>No</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
LOCATION 26g		STREET OR R.F.D. NO. 26h	
CITY OR TOWN 26i		STATE 26j	

## 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

By **Arthur E. Caviness**, Deputy Registrar  
Date **MAY 10 1985**

VOID IF ALTERED

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

Return to **Delbert Scholer 1118 Laurel City** S.D.D. Check

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for  
record on the 13th day of May A.D., 19 85 at 4:29 o'clock P M,  
and duly recorded in Vol M85, of Deeds on page 7132.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: **L Ann Smith**, Deputy