

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

Vol. 1486 Page 1850

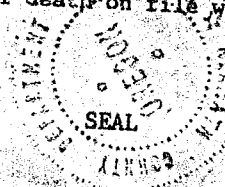
CERTIFICATE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
CHARLES		HARRY		ZIEGLER					
RACE White		SEX Male		AGE - Last birthday (years)		Under 1 year		DATE OF DEATH (month, day, year)	
5 White		4 Male		5a 80		Under 1 day		2 September 11, 1986	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		DATE OF BIRTH (month, day, year)					
7a Klamath Falls		7b Merle West Medical Center		6 July 26, 1906					
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
8 South Dakota		9 U.S.A.		10 Married		11 Dorothea		7d Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY				12 Yes	
13 543-18-6954		14a Machinist - Retired		14b Self Employed					
RESIDENCE - STATE		COUNTRY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 2549 Hope		97603	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased					
16 Charles Ziegler		17 Theresa Singer		18 Dorothea Ziegler / Wife					
BURIAL, CREMATION, REMOVAL, MAINT. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION					
19a Burial		19b Klamath Memorial Gardens		19c Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a Kenneth K. Magee		20b Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.							
21a Kenneth K. Magee, MD		21b 9-11-86		21c 4:32 A.					
21d Kenneth K. Magee, MD		21e 1900 Main St. / Klamath Falls, Ore.		ZIP: 97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a SEP 15 1985		22b (Signature) M. Ackerman							
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)							
(a) Cordiac Arrest									
(b) Recurrent myocardial infarction & Cordiac Decompensation									
(c) A+H+D									
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)									
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
26a No		26b		26c		26d		24 No	
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	
26e		26f		26g		26h		26i	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES ☐ NO ☐ N/A ☐		WAS GIFT MADE?		YES ☐ NO ☐ N/A ☐			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

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 M. Ackerman, Deputy Registrar

Date September 15, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of _____ October _____ A.D., 19 86 at 4:01 o'clock P M., and duly recorded in Vol. 1486
of _____ Deeds _____ on Page 12504.

FEE \$5.00

Return: Proctor & Fairclough

Evelyn Biehn, County Clerk

By Evelyn Biehn

280 Main St., Klamath Falls, Oregon 97601