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ID TAG NO. 097071

357

Local File Number

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

Vol M86 Page 18504

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

State File Number

DECEDENT

1. DECEASED — NAME (First, Middle, Last): CHARLES HARRY ZIEGLER
2. DATE OF DEATH (month, day, year): September 11, 1986
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 80
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): July 26, 1906
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): South Dakota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If married, widowed): Dorothea
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 543-18-6954
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist - Retired
14b. KIND OF BUSINESS OR INDUSTRY: Self Employed

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 2549 Hope
ZIP: 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME (first, middle, last): Charles Ziegler
17. MOTHER — first, middle, last (Maiden Name): Theresa Singer
18. INFORMANT — NAME and relationship to deceased: Dorothea Ziegler / Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Klamath Memorial Gardens
19c. LOCATION (city or town, state): Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. [signature]
20b. NAME AND ADDRESS OF FACILITY: Ward's Funeral Home / 1945 Main St./ Klamath Falls, Ore.

CERTIFIER

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 K. Magee
21b. DATE SIGNED (Mo., Day, Year): 9-11-86
21c. HOUR OF DEATH: 4:32 A. M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD § 1900 Main St. § Klamath Falls, Ore. ZIP: 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 15 1985
22b. REGISTRAR (Signature): Katherine E. Cravenks

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Recurrent myocardial infarction c̄ Cardiac Decompensation — Interval between onset and death: Hours

DUE TO, OR AS A CONSEQUENCE OF:

(c) ASHD — Interval between onset and death: years

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

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

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

45-2 Rev. 1-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravenks, 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 ______ the 9th day of October A.D., 19 86 at 4:01 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 18504

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

Return: Proctor & Fairclo 280 Main St., Klamath Falls, Oregon 97601