CERTIFICATION OF VITAL RECORD

12-20-94A10:27 RCVD Certified Copy - Original

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Vol. M94 Page 38195

TYPE OR PRINT IN PERMANENT BLACK INK

155338

I.D. TAG NO.

462

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Flora; Middle: Mildred; Last: ZIGLER
2. SEX: Fem.
3. DATE OF DEATH (Month, Day, Year): October 20, 1994
4. SOCIAL SECURITY NUMBER: 536 22 4634
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Or.
7. DATE OF BIRTH (Month, Day, Year): January 30, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No
9. PLACE OF DEATH (Check only one): HOSPITAL ☒Inpatient ☐ER/Outpatient ☐DOA; OTHER ☐Nursing Home ☐Decedent's Home ☐Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Elmer W.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 403 Torrey Street
13e. INSIDE CITY LIMITS? ☒Yes ☐No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒No ☐Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Jay Walter Ward
18. MOTHER - NAME first middle maiden: Mabel Elizabeth Biehn

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Les Zigler / Son
20a. METHOD OF DISPOSITION: ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Or. / 97601
23. DATE FILED (Month, Day, Year): OCT 24 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☒NO ☐N/A
26. WAS GIFT MADE? ☐YES ☒NO ☐N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 05:15 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐Yes ☒No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): 10/21/94

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)

PART I
(a) Renal Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic Arteriolar Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypertension, Hypothyroidism

37. Did tobacco use contribute to the death? ☐Yes ☐Probably ☒No ☐Unknown
38. AUTOPSY: ☐Yes ☒No
39. Was autopsy findings considered in determining cause of death? ☐Yes ☐No ☐N/A
40. MANNER OF DEATH: ☒Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Undetermined Manner ☐Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐Yes ☒No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: OCT 25 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Johnny W. Zigler the 20th day of Dec A.D., 19 94 at 10:27 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 38195.

FEE $10.00

Ret: Johnny Zigler, 403 Torrey, Klamath Falls, Or 97601

Evelyn Biehn County Clerk

By Pauline C. Millsap