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

CERTIFICATE OF DEATH

State File Number 07739
ID TAG NO. 133
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: Bertil; Middle: Sigvard; Last: SHOGREN

2 DATE OF DEATH (month, day, year): April 8, 1986

3 RACE (White, Black, American Indian, etc.) (specify): White; SEX: Male

4 AGE — Last birthday (years): 79; Under 1 year: mos. 5b; days 5c; Under 1 day: hours 5c; min.

6 DATE OF BIRTH (month, day, year): December 22, 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)): D.O.A

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 LIAR/MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Vesta R. Shogren

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 504-05-9161

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Maintence

14b KIND OF BUSINESS OR INDUSTRY: Klamath City Schools

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4107 Bisbee St.

ZIP: 97603

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Charley E. Shogren

17 MOTHER — first middle last (Maiden Name): Susanna Backlin

18 INFORMANT — NAME and relationship to deceased: Vesta R. Shogren, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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): [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): April 9, 1986

21c HOUR OF DEATH: 1:23 P.M.

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): William A. Bartlett, M.D., 2300 Clairmont St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 10, 1986

22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

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

PART I (a) Natural Causes — Interval between onset and death: 4 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) — 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 related to cause given in PART I (a): Alzheimers Syndrome

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date April 10, 1986

[SEAL]

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D., 19 86 at 11:07 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 6476 the 16th day

FEE $5.00

Return: Vesta Shogren, 4107 Bisbee Street, Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk
By [signature]