CERTIFICATION OF VITAL RECORD

21019 — I.D. TAG NO.

30 — Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number: 86509

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DECEDENT

1. DECEDENT'S NAME: First: Bertha; Middle: Valona; Last: JOHNSON
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): January 14, 1988
4. SOCIAL SECURITY NUMBER: 544-38-8628
5a. AGE - Last Birthday (Years): 94
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Grants Pass, Oregon
7. DATE OF BIRTH (Month, Day, Year): January 30,1893
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Klamath Convalescent 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): Restaurant Owner
10b. KIND OF BUSINESS/INDUSTRY: Restaurant
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Vern
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: 504 3rd Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97624
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): 8th Grade; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: First: Dolph; Middle:; Last: Wimer
18. MOTHER - NAME: First: Mina; Middle:; Maiden: Stringer
19. INFORMANT - NAME and relationship to deceased: Nelda V. Cudney, daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Linkville Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid
21b. LICENSE NUMBER (Of Licensee): 3329
21c. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601, 515 Pine St., Klamath Falls, Oregon

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1:48 P.M.
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): George Whang, MD. M.D.
26. DATE SIGNED (Month, Day, Year): January 18, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): George Whang, M.D., P.O. Box 466, Chiloquin, Oregon 97624
31. 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

32. 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) Cardiopulmonary arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Renal failure — Interval between onset and death: 1 month
DUE TO, OR AS A CONSEQUENCE OF:
(c) Atherosclerosis hypertension. — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Organic brain syndrome
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Botsko
38. DATE FILED (Month, Day, Year): JAN 21 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

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45-2 REV. 1-88

DATE ISSUED JAN 21 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

DEPT. OF HEALTH SERVICES STATE OF OREGON 1859 KLAMATH COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Norma Leavengood the 20th day of April A.D., 19 88 at 11:00 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 6201.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha A. Ketoch

Return: Norma Leavengood-2144 W. 28th, Eugene, OR 97405