CERTIFICATION OF VITAL RECORD

B-8463
I.D. TAG NO.

87464

174
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

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DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Arthur; Last: BERGEN, JR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 8, 1988
4. SOCIAL SECURITY NUMBER: 569-03-7388
5a. AGE - Last Birthday (Years): 76
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Munising, Michigan
7. DATE OF BIRTH (Month, Day, Year): February 12, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. 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): 15170 Riverridge Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Keno
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Peace Officer
10b. KIND OF BUSINESS/INDUSTRY: Law Enforcement
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Patricia
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Keno
13d. STREET AND NUMBER: 15170 Riverridge Rd., P.O. 220
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97627
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): / College (1-4 or 5+): 4

PARENTS

17. FATHER - NAME first middle last: Johannas Alexander Bergen
18. MOTHER - NAME first middle maiden: Betsy - Johnson
19. INFORMANT - NAME and relationship to deceased: Patricia Jean Bergen, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Or License): 47 3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7191

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 20:40 PM
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): Samuel Novak M.D.
26. DATE SIGNED (Month, Day, Year): May 9, 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James F. Novak, MD, 1945 Main Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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) Metastatic Carcinoma of the bladder — Interval between onset and death: 2 yrs
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)

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
33. AUTOPSY ☐ Yes ☐ No
34. If YES were findings considered in determining cause of death? Yes
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 Bostiff
38. DATE FILED (Month, Day, Year): MAY 10 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: MAY 10 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia Jean Bergan the 19th day of May A.D., 19 88 at 2:14 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 7861

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha Heloch