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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

MTC 35729 LW

'96 APR -8 A11:46

TYPE OR PRINT IN PERMANENT BLACK INK

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

I.D. TAG NO. 094364
Local File Number 240
State File Number 93-011125

1. DECEDENT'S NAME: Donald Theodore BERG
2. SEX: Male
3. DATE OF DEATH: May 21, 1993
4. SOCIAL SECURITY NUMBER: 547-38-6408
5a. AGE: 67
7. DATE OF BIRTH: March 25, 1926
8. BIRTHPLACE: Sioux Falls, SD
9a. PLACE OF DEATH: Hospital - Inpatient
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9b. FACILITY NAME: Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
12a. DECEDENT'S USUAL OCCUPATION: General Contractor
12b. KIND OF BUSINESS/INDUSTRY: Home Construction
11. MARITAL STATUS: Married
12. SPOUSE: Marye Horn Berg
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 110 Joe Wright Road
13e. WAS CITY LIMITS? No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: 12
17. FATHER NAME: John - Berg
18. MOTHER NAME: Myrtle - Dickerson
19. INFORMANT - NAME AND RELATIONSHIP: Marye Berg Spouse
20a. METHOD OF DISPOSITION: Cremation
20b. PLACE OF DISPOSITION: Klamath Cremation Service
20c. LOCATION: Klamath Falls, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dawn D'Hair
21b. LICENSE NUMBER: FD-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: D'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
21c. DATE FILED: MAY 25 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? No
26. WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:48 A
28. WAS MEDICAL EXAMINER NOTIFIED? No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
M.D.
30. DATE SIGNED: 5/24/93
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER): James N. Beggs M.D. 2390 Clairmont Street Klamath Falls, Oregon 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

29a. TIME OF DEATH
29b. DATE PRONOUNCED DEAD
29c. 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.
29d. DATE SIGNED
COUNTY

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

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I
(a) Probable Myocardial Infarction
DUE TO OR AS A CONSEQUENCE OF:
(b)
DUE TO OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS: IDDM, ASCVD
34. Did tobacco use contribute to the death? Probably
35. AUTOPSY? No
36. If YES were findings considered in determining cause of death? No
37. MANNER OF DEATH: Natural
38a. DATE OF INJURY
38b. TIME OF INJURY
38c. INJURY AT WORK? No
38d. DESCRIBE HOW INJURY OCCURRED
38e. PLACE OF INJURY
38f. LOCATION

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

APR 03 1996
DATE ISSUED:

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 8th day of April A.D., 19 96 at 11:46 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 9803.

Bernetha G. Letsch, County Clerk

By

FEE $10.00