CERTIFIED COPY 16405 Vol M-67 Page 6462

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

67-968 R

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON BOARD OF HEALTH — PORTLAND PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 567

STATE FILE NO. '66 014559

DATE RECEIVED OCT 26 1966

1. NAME OF DECEASED (Type or print all entries in black ink) — First: ALDEN Middle: JAMES Last: BARKLOW

2. PLACE OF DEATH A. COUNTY Jackson
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Medford
C. LENGTH OF STAY IN 2B 1 day
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rogue Valley Meml. Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Jackson
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Talent
D. STREET ADDRESS, RURAL ROUTE, ETC. Route 1, Box 338

4. DATE OF DEATH October 6, 1966
5. SEX Male
6. COLOR OR RACE White
7. MARITAL STATUS [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO. 540-09-5145
9. USUAL OCCUPATION (Kind of work done during most of life) Foreman
10. KIND OF BUSINESS Newspaper
11. NAME OF SPOUSE Lois L.

12. DATE OF BIRTH May 2, 1916
13. AGE LAST BIRTHDAY 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HOURS Hours Minutes

14. BIRTHPLACE (State or Foreign Country) Oregon
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. II

17. NAME OF FATHER Clarence Barklow
18. MAIDEN NAME OF MOTHER Mabel Haughton
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Lois L. Barklow, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Intracerebral hemorrhage — Interval between onset and death (Years, days, hours, etc.): hours
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last — DUE TO (B): essential hypertension
DUE TO (C):
PART II Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour ... a.m. ... p.m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from or on May 14, 1964 to Oct. 6, 1966 (date) and that the death occurred 3:40A m. from the causes and on the date stated above.
(Signature) Mario J. Campagna M.D. (Title) (Address) Medford Ore. (Date Signed) 10/1/66

29. RESERVED FOR REGISTRAR'S USE 331X

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE Oct.8,1966
30C. NAME OF CREMATORY OR CEMETERY Hillcrest Meml.Park
30D. LOCATION (City or Town) State Medford, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR 10-1-66
32. REGISTRAR'S SIGNATURE [signature], M.D.
33. FUNERAL DIRECTOR SIGNATURE AND ADDRESS [signature] Conger-Morris, Medford, Ore.

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED AUG 15 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

[signature]

STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Insurance Co.

this 18 day of August A. D. 1967 3:53 o'clock P. M., and

duly recorded in Vol. M-67 of Deeds on Page 6462

DOROTHY ROGERS, County Clerk

Fee $1.50

27

By [signature]