18935

OREGON STATE BOARD OF HEALTH VOL. ____ PAGE 9682
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 227

STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) First: TOM Middle: JEFFERSON Last: BARNES

2. PLACE OF DEATH A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls C. LENGTH OF STAY IN 2B: 24 Years
D. NAME OF HOSPITAL OR INSTITUTION: Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE A. STATE: Oregon B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2946 Laverne Avenue

4. DATE OF DEATH: November 24 1967 5. SEX: Male 6. COLOR OR RACE: White 7. MARITAL STATUS: Married

8. SOCIAL SECURITY NO.: 431-01-5372 9. USUAL OCCUPATION: Railroad Engineer 10. KIND OF BUSINESS OR INDUSTRY: Railroad 11. NAME OF SPOUSE: Laura M. Barnes

12. DATE OF BIRTH: November 29 1900 13. AGE LAST BIRTHDAY: 66 Yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE: Sheridan, Arkansas 15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country 16. IF DECEASED WAS A VETERAN, WHAT WAR?: None

17. NAME OF FATHER: John Harold Barnes 18. MAIDEN NAME OF MOTHER: Josephine Allen 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Laura M. Barnes (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial insufficiency — Interval between onset and death: 7 days
DUE TO (B): Acute appendicitis - Ruptured — 8 days
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 ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY 25B. City County State
26. TIME OF INJURY Hour Month Day Year
27. DESCRIBE HOW INJURY OCCURRED:

28. CERTIFICATE: I certify that I attended ////////// the deceased from Oct 1967 to 24 Nov 1967 and that the death occurred at 9:05p m. from the causes and on the date stated above.
▶ Neil Black, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 25 Nov 1967 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 11-28-67
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park — Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-27-67
32. REGISTRAR'S SIGNATURE: ▶ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ▶ Wm P. Kendall Klamath Falls, Oregon

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.

G. H. Wanning, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy

Date November 29, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss
Filed for record at request of Laura Barnes
on this 13 da of December A.D. 19 67
at 1:05 o'clock P M. and duly
recorded in Vol. M-67 of Deeds
Page. 9682.
DOROTHY ROGERS, County Clerk
By Marie Hole Deputy
Fee 1.50

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