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CERTIFIED COPY

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OF

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON BOARD OF HEALTH PORTLAND PUBLIC HEALTH BLDG.

LOCAL REGISTRAR'S NUMBER 245

STATE FILE NO. 67 009734

DATE RECEIVED JUL 10 1967

1. NAME OF DECEASED (Type or print all entries in black ink) — First: SHERWOOD; Middle: ALONZO; Last: BARNUM

2. PLACE OF DEATH
A. COUNTY: Douglas
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Roseburg
C. LENGTH OF STAY IN: 6 months
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Veterans Administration Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1906 Arthur Street

4. DATE OF DEATH: Month: July; Day: 23; Year: 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 5[illegible] 10 72 58
9. USUAL OCCUPATION (Kind of work done during most of life): Construction
10. KIND OF BUSINESS OR INDUSTRY: Construction
11. NAME OF SPOUSE: Louise V. Barnum
12. DATE OF BIRTH: Month: September; Day: 21; Year: 1897
13. AGE LAST BIRTHDAY: 69 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Osgood, Iowa
15. WAS DECEASED A CITIZEN OF ☐ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW I
17. NAME OF FATHER: Harley Barnum
18. MAIDEN NAME OF MOTHER: Clara Wongh
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: VA Hospital Records

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute coronary insufficiency — Interval Between Onset and Death: 5-10 minutes.
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last: DUE TO (B): Arteriosclerotic heart disease — Years
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 (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~~ last saw the deceased from or on January 18, 1967 (date) to July 23, 1967 (date) and that the death occurred at 4:50p.m. from the causes and on the date stated above.
E Murray Bunn, MD (Signature) — Ward Physician (Title) — VA Hospital (Address) Roseburg, Oregon — 7/24/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

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30A. DISPOSITION: ☐ Buried ☐ Cremated ☒ Removed ☐ Other
30B. DATE: 7/25/67
30C. NAME OF CREMATORY OR CEMETERY: Wards Funeral Home
30D. LOCATION (City or Town) State: Klamath Falls Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-26-67
32. REGISTRAR'S SIGNATURE: Clda Gene Dzck
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: BONG & SHUKLE MEMORIAL CHAPEL Roseburg Oregon

MEDICAL CERTIFICATION

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON, County of Multnomah } ss.

DATE ISSUED APR 19 1968

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.

STATE REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record ~~at request of~~

on this 22 day of April A. D. 1968

at 1:45 o'clock P. M., and duly recorded in Vol. M68 of Deeds

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DOROTHY ROGERS, County Clerk

By Doris M. Bruetson Deputy

Fee 1.50

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