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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'75 DEC 31 PM 4 46

Vol. 75 Page 16407

411
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED NAME — First: JO Middle: ERNEL Last: BARNES
2. DATE OF DEATH (month, day, year): December 2, 1975
3. RACE (White, Negro, American Indian, etc.): White
4. SEX: Female
5a. AGE – Last birthday (years): 74
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): November 12, 1901
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Arkansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Chester W. Barnes
12. SOCIAL SECURITY NUMBER: 551-30-1118 - A
12a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 2246 Orchard
15. FATHER–NAME first middle last: Thomas - Lockhart
16. MOTHER–Maiden Name first middle last: Mellisa Jane Barnes
17. INFORMANT–NAME and relationship to deceased: Chester W. Barnes (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate Cause (a) Myocardial Infarction — minutes
due to, or as a consequence of:
Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last (b) Arteriosclerotic Heart Disease — years
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
AUTOPSY (yes or no): 19a. NO
IF YES were findings considered in determining cause of death: 19b.

1. 2. 3.

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. A.M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
INJURY AT WORK (specify yes or no): 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

CERTIFICATION–PHYSICIAN: I attended the deceased from month day year: Nov. 10, 1972 to month day year: Dec. 2, 1975
And Last Saw Him/Her Alive on: month day year: Dec. 2, 1975
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 11:42 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. PHYSICIAN–SIGNATURE: [signature] M.D.
22b. NAME (type or print) degree or title: Kenneth K. Magee, M.D.
22c. DATE SIGNED (month, day, year): 12-2-75
23. MAILING ADDRESS–PHYSICIAN street city or town state zip: 409 Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY–NAME: Klamath Memorial Park
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Dec. 5, 1975
25. FUNERAL DIRECTOR–SIGNATURE: [signature]
FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

26. REGISTRAR'S SIGNATURE: Marion Johnson
DATE RECEIVED BY LOCAL REGISTRAR: 26b. DEC 3 1975
DATE RECEIVED BY STATE REGISTRAR: 27.
RESERVED FOR REGISTRAR'S USE: 28.

VS 2 R-69

Quistin Stule
4th + Pine
Corts

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

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marion Johnson Deputy Registrar
Date DEC 3 1975 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31 day of Dec A.D., 1975 at 4:46 o'clock p.M., and duly recorded in Vol M 75, of deeds on Page 16407

FEE 3.00

WM. D. MILNE, County Clerk
By [signature] Deputy

$3.00