27812

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M77 Page 5924

'77 APR 8 PM 4 40

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Lucile	Middle: A.	Last: Barnes					2. DATE OF DEATH (month, day, year): March 31, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—Last birthday (years): 84	Under 1 year: 5b. mos.	days	Under 1 day: hours	5c. min.	6. DATE OF BIRTH (month, day, year): July 16, 1892	
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): Pres. Intercomm. Hospt.			
8. STATE OF BIRTH (If not in U.S.A., name country): Colorado	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married			11. NAME OF SPOUSE: Marion J. Barnes			
12. SOCIAL SECURITY NUMBER: 541-52-6237	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker		13b. KIND OF BUSINESS OR INDUSTRY: -					
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No		14e. STREET AND NUMBER OR R.F.D.: Rt. 2, Box 728			
15. FATHER—NAME first middle last: Monroe Allison	16. MOTHER—Maiden Name first middle last: Rebecca Hoel		17. INFORMANT—NAME and relationship to deceased: Allison Garriott, daughter					

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

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)	CVA	24°
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Septicemia	22°
due to, or as a consequence of: (c)	Severe diverticulitus	22°

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Generalized atherosclerosis

19a. AUTOPSY (yes or no): no

19b. IF YES were findings considered in determining cause of death

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Nov. 27, 1972 to month day year: March 31, 1977

And Last Saw Him/Her Alive on: month day year: March 31, 1977

I Did/Did Not view the body after death (specify): did not

DEATH OCCURRED (hour): 6:55 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature] M.D.

22b. NAME (type or print): Blake Berven degree or Title: M.D.

22c. DATE SIGNED (month, day, year): April 4, 1977

23. MAILING ADDRESS—PHYSICIAN: Medical Dentl. Bld., (street) Klamath Falls, (city or town) Oregon (state) 97601 (zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (mo., day, year)
Burial	Linkville Cemetery	Klamath Falls, Oregon	4-4-77

25a. FUNERAL DIRECTOR—SIGNATURE: [signature]

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: [signature]

26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 4 1977

27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Return to:
O. W. GOAKEY
ATTORNEY AT LAW
431 Main Street
Klamath Falls, Oregon 97601

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.

MARJORIE S. COMER, Registrar Vital Statistics

By [signature], Deputy Registrar
Date APR 4 1977

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8 day of April A.D., 19 77 at 1:40 o'clock P M., and duly recorded in Vol M 77, of Deed on Page 5924.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE 3.00