49573 MTC 6346 STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section
Vol. M 78 Page 12022

84
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Harold; Middle: —; Last: Barney

2 DATE OF DEATH (MONTH, DAY, YEAR): March 6, 1978

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 71

5B UNDER 1 YEAR — MOS. / DAYS

5C UNDER 1 DAY — HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): May 8, 1906

7A COUNTY OF DEATH: Klamath

7B CITY, TOWN, OR LOCATION OF DEATH: Malin

7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Star Rt., Box 29

7D IF HOSP. OR INST., INDICATE DOA, OP/EMERG RM., INPATIENT (SPECIFY)

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Nebraska

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SPOUSE (IF MARRIED, WIDOWED): Amelia Barney

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13 SOCIAL SECURITY NUMBER: 542-40-8698 A

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cattle Rancher

14B KIND OF BUSINESS OR INDUSTRY: Cattle

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Malin

15D STREET AND NUMBER OR R.F.D.: Star Rt., Box 29

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No

16 FATHER—NAME First Middle Last: — Barney

17 MOTHER—MAIDEN NAME First Middle Last: —

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Amelia Barney, Wife

19A BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY): Burial

19B CEMETERY OR CREMATORY—NAME: Malin Community Cemetery

19C LOCATION CITY OR TOWN STATE: Malin, Oregon

20A [signature]

20B O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 11:00 P. M.

21B THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: March 7, 1978 5:45 A. M.

FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

21C CERTIFIER — SIGNATURE: [signature] D.O.

21D NAME—(TYPE OR PRINT) DEGREE OR TITLE: L. Palzinski D.O.

21E MEDICAL EXAMINER FOR: Klamath COUNTY

21F DATE SIGNED (MONTH, DAY, YEAR): March 8, 1978

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): March 9, 1978

22B REGISTRAR (SIGNATURE): [signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

PART I (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO, OR AS A CONSEQUENCE OF: (B)

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)

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR)

25B HOUR

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY VS-107 REV. 1-76

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar

Date MAR 10 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

Return MTC

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of June A.D., 19 78 at 3:11 o'clock P M., and duly recorded in Vol. M78, of Deeds on Page 12022.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy