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TYPE OR PRINT IN PERMANENT INK

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

LOCAL FILE NUMBER 359

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

1 DECEASED—NAME (FIRST, MIDDLE, LAST): CLARENCE RICHARD BARR

2 SEX: Male

3 DATE OF DEATH (MONTH, DAY, YEAR): March 7, 1979

4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White

5a AGE—LAST BIRTHDAY (YEARS): 82

5b UNDER 1 YEAR (MOS / DAYS):

5c UNDER 1 DAY (HOURS / MIN):

6 DATE OF BIRTH (MONTH, DAY, YEAR): Oct. 6, 1896

7 COUNTY OF DEATH: Snohomish

7a CITY, TOWN, OR LOCATION OF DEATH: Everett

7b INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

7c HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Pleasant Acres Nursing Home, Everett, Wa.

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

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

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

11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): ----------

12 SOCIAL SECURITY NUMBER: 543-10-1360

13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retired Re-Sawyer

13b KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Company

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: 1611 Main St.

PARENTS

15 FATHER—NAME (FIRST, MIDDLE, LAST): William Barr

16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Martha Brown

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17a INFORMANT—NAME: Clarence R. Barr

17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 510 Home Place, Everett, Washington

CAUSE

18 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) IMMEDIATE CAUSE: C.V.A.,

DUE TO, OR AS A CONSEQUENCE OF

(b) From medical records

DUE TO, OR AS A CONSEQUENCE OF

(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b).

19a AUTOPSY (YES OR NO): no

19b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

20b DATE OF INJURY (MONTH, DAY, YEAR):

20c HOUR:

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, STATE):

CERTIFIER

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)

21b TO (MONTH, DAY, YEAR)

21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)

21d I DID/DID NOT VIEW THE BODY AFTER DEATH.

21e DEATH OCCURRED AT THE PLACE, ON THE DATE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED. (HOUR): 8:20 A M

22a CERTIFICATION—CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IT IS MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

HOUR OF DEATH: M

22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M

23a CERTIFIER—NAME (TYPE OR PRINT): Dr. W. G. Wagner

23b SIGNATURE: [signature]

23c DEGREE OR TITLE:

23d DATE SIGNED (MONTH, DAY, YEAR): 3/7/79

23e MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4225 Hoyt Ave. Everett, Washington

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Removal

24b CEMETERY OR CREMATORY—NAME: Linkville Cemetery

24c LOCATION (CITY OR TOWN, STATE): Klamath Falls, Oregon

24d DATE (MONTH, DAY, YEAR): March 12, 1979

24e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Cassidy Funeral Home, 3001 Oakes St., Everett, Wa.

24f FUNERAL DIRECTOR (SIGNATURE): Carl Homann

24g REGISTRAR (SIGNATURE): [signature]

24h DATE RECEIVED BY LOCAL REGISTRAR: MAR 8 1979

(REV. 3/78)

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE.

Phyllis Hebber
Notary Public in and for the State of Washington
Residing at: Everett, Washington
Date: March 7, 1979

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of April A.D., 19 79 at 12:27 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 8283.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy