

CERTIFICATE OF DEATH

83-010769

30306

Vital Records Unit

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Local File Number

State File Number

DECEASED—NAME First Middle Last MATTIE H. BARNSTABLE		DATE OF DEATH (month, day, year) June 17, 1983	
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 91
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) November 30, 1891	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		COUNTY OF DEATH Klamath	
CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
STATE OF BIRTH (If not in U.S.A. name country) Nebraska		SPOUSE (If married, widowed) C.H.	
SOCIAL SECURITY NUMBER 540 - 30 - 7887		KIND OF BUSINESS OR INDUSTRY City Schools	
RESIDENCE—STATE Oregon		STREET AND NUMBER OR R.F.D., ZIP 1947 Homedale Road 97601	
FATHER—NAME first middle last Samuel Hunzeker		MOTHER—Maiden Name first middle last Elizabeth Wherly	
CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gar.		INFORMANT—NAME and relationship to deceased C.H. Barnstable / Husband	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) Burial		LOCATION city or town state Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such Byron T. Sagunsky, MD		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 22 1983		HOUR OF DEATH 12:48 A.M.	
IMMEDIATE CAUSE (a) Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		INTERVAL between onset and death Minutes Interval between onset and death See Ups Interval between onset and death	
ACCIDENT (Specify Yes or No) No		AUTOPSY (Specify Yes or No) No	
DATE OF INJURY (Mo., Day, Yr.) 26b		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
HOUR OF INJURY 26c		24	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		25	
INJURY AT WORK (Specify Yes or No) 26g		26	
RESERVED FOR REGISTRAR'S USE		27	

STATE OF OREGON, COUNTY OF MULTNOMAH: ss
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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 7th day of November A.D., 1983 at 1:31 o'clock P.M., and duly recorded in Vol 1183, of Deeds on page 19151.

EVELYN BIEHN, COUNTY CLERK
by *Edna Smith* deputy

Fee \$ 4.00