

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STRUCTURES
SEE
HANDBOOK

PRECEDENT
IF DEATH
OCCURRED IN
INSTITUTION,
IF HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

USE OF
DEATH

DECEASED—NAME First Middle Last 1 GORDON W. BARRIE			State File Number 2			
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 76	Under 1 year 5b mos days	Under 1 day 5c hours min	DATE OF DEATH (month, day, year) January 8, 1984
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Merle West Medical Center		IF HOSP. OR INST. Indicate DGA, OPEmer, Ren, Inpatient (Specify) 7c Inpatient		DATE OF BIRTH (month, day, year) 6 July 20, 1907
STATE OF BIRTH (If not in U.S.A., name country) 8 California		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		COUNTY OF DEATH 7d Klamath
SOCIAL SECURITY NUMBER 13 541-05-4158 A		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Banker		SPOUSE (IF MARRIED, WIDOWED) 11 Amanda M. Barrie		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 2405 Watson St. 97603		Kind of Business or Industry 14b Commercial Banking
FATHER—NAME first middle last 16 William - Barrie		MOTHER—Maiden Name first middle last 17 Lillian Bowman		INFORMANT—NAME and relationship to deceased 18 Amanda M. Barrie, Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Klamath Memorial Park		LOCATION city or town state 19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) [Signature]		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d John D. Merryman, M.D., 303 Pine St., Klamath Falls, Oregon 97601		DATE SIGNED (Mo, Day, Yr) 21b Jan 8, 1984		HOUR OF DEATH 21c 7:35 P. M
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		DATE RECEIVED BY REGISTRAR (Mo, Day, Yr) 22a JAN 9 1984				
REGISTRAR 22b [Signature]						
PART I IMMEDIATE CAUSE (a) Enter only one cause per line for (a), (b), and (c) (b) Due to, or as a consequence of: (c) Due to, or as a consequence of:		Interval between onset and death 5 min 5 hr				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (a) ACCIDENT (Specify Yes or No) (b) INJURY AT WORK (Specify Yes or No) (c) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) (d) DATE OF INJURY (Mo, Day, Yr) (e) HOUR OF INJURY (f) DESCRIBE HOW INJURY OCCURRED (g) LOCATION (h) STREET OR R.F.D. NO (i) CITY OR TOWN (j) STATE		AUTOPSY (Specify Yes or No) 24 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No				
RESERVED FOR REGISTRAR'S USE						

21-2 (11/81)

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature], Deputy Registrar

Date JAN 9 1984

VOID IF ALTERED

Return To:

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES
GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 31st day of January A.D., 1984 at 3:32 o'clock P.M. and duly recorded in Vol. 184, of Deeds on page 1666.

EVELYN BIEHN, COUNTY CLERK

Fee \$ 4.00

by [Signature] Deputy