

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

367
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last ELI ZABETH ANN BARGER			DATE OF DEATH (month, day, year) September 8, 1985		
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 66	Under 1 year mo. days	Under 1 day hours min.
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		DATE OF BIRTH (month, day, year) July 23, 1919	
STATE OF BIRTH (If not in U.S.A., name country) New Hampshire		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Ronald M. Barger	
SOCIAL SECURITY NUMBER 048-10-7454		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife		KIND OF BUSINESS OR INDUSTRY Homemaking	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Sprague River	STREET AND NUMBER OR R.F.D., ZIP P.O. Box 337 97639		Inside City Limits (Specify Yes or No) No
FATHER—NAME first middle last - - -		MOTHER—first middle last (Maiden Name) - - -		INFORMANT—NAME and relationship to deceased Ronald M. Barger, husband	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		CEMETERY OR CREMATORY—NAME Eternal Hills Crematory		LOCATION city or town state Klamath Falls, Oregon 97603	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) William J. Davenport		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719			
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Everett E. Howard M.D.		DATE SIGNED (Mo., Day, Yr.) 9-8-85		HOUR OF DEATH 1730	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 9 1985		REGISTRAR (Signature) Marian Ackerman			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) ACUTE MYOCARDIAL INFARCTION					
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death 7:10:30	
(b) OLD MYOCARDIAL INFARCTION				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DIAHETES					
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE

DECEDENT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

Ret: Ronald M. Barger
P.O. Box 337
Sprague River 97639

ORIGINAL - VITAL STATISTICS COPY

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 **Marian Ackerman**, Deputy Registrar

Date **SEP 9 1985**

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 10th day of September A.D., 19 85 at 11:51 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 14558

FEE \$5.00

Evelyn Biehn, County Clerk
By **Evelyn Biehn**