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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. M85 Page 14558

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

367
Local File Number

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 | DATE OF BIRTH (month, day, year) July 23, 1919 |
| CITY, TOWN OR LOCATION OF DEATH Klamath Falls | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center | IF HOSP. OR INST. Indicate DGA, OP, Emer., Am., Inpatient (Specify) Inpatient | COUNTY OF DEATH Klamath |
| 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 | WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No |
| RESIDENCE—STATE Oregon | COUNTY Klamath | CITY, TOWN, OR LOCATION Sprague River | STREET AND NUMBER OR R.F.D., ZIP P.O. Box 337 97639 |
| 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 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 the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 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 | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) — | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 9 1985 | | REGISTRAR Marian Ackerman | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) ACUTE MYOCARDIAL INFARCTION | | Interval between onset and death 7:10:30 | |
| (a) DUE TO, OR AS A CONSEQUENCE OF: OLD MYOCARDIAL INFARCTION | | Interval between onset and death — | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: — | | Interval between onset and death — | |
| (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DIAHETES | | AUTOPSY (Specify Yes or No) No | |
| 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 — | |
| RESERVED FOR REGISTRAR'S USE | | | |

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12

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 E. 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 **—**

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