Vol. M86 Page 8126

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

# CERTIFICATE OF DEATH

Local File Number: 149

State File Number: 38909

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1 DECEASED — NAME: First CLARA; Middle LUCILE; Last BARRON

2 DATE OF DEATH (month, day, year): April 17, 1986

3 RACE (specify): White

4 SEX: Female

5a AGE — Last birthday (years): 74

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): February 8, 1912

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (if not in either, give street and number): Klamath Co. Convalescent Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): California

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Eldon

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 541 - 60 - 0458

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 5619 Shasta Way ZIP 97603

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Samuel Francis

17 MOTHER — first middle last (Maiden Name): Anna Willot

18 INFORMANT — NAME and relationship to deceased: Eldon Barron / Husband

**DISPOSITION**

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S Funeral Home / 1945 Main St. / Klamath Falls, Ore.

**CERTIFIER**

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Wm. Bartlett

21b DATE SIGNED (Mo., Day, Year): April 18, 1986

21c HOUR OF DEATH: 7:45 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): William Bartlett, MD - 2300 Clairmont - Klamath Falls, Oregon 97601 ZIP:

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 23, 1986

22b REGISTRAR (Signature): Katherine E. Crawford

**CAUSE OF DEATH**

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) gastro intestinal bleeding — Interval between onset and death: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) diverticulosis — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Massive CV AT, hypercholesterolemia

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

ACCIDENT (Specify Yes or No): 26a No

26b DATE OF INJURY Mo., Day, Year:

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. Specify:

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES☐ NO☐ N/A☐

WAS GIFT MADE? YES☐ NO☐ N/A☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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.*

[SEAL]

*MARIAN ACKERMAN, Registrar Vital Statistics*

*By* Katherine E. Crawford *Deputy Registrar*

*Date* May 6, 1986

*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 12th day of May A.D., 19 86 at 2:40 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 8126.

FEE $5.00

Return: Eldon Barron 5619 Shasta Way, Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk
By _____