

61961 '85 MAY 30 AM 8 58

MTC 13887

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

Vol. M80 Page: 9329

TYPE  
PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
LABORATORY

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEDENT  
# DEATH  
CURRED IN  
STITUTION  
HANDBOOK  
EARDING  
LOCATION OF  
DECEASED ITEMS

POSITION

CERTIFIER

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
ATING THE  
OERLYING  
RISE LAST

USE OF DEATH

4

5

6

1 <b>THEODORE</b>		2 <b>PERRY</b>		3 <b>BARTH</b>		4 <b>DATE OF DEATH (month, day, year)</b> January 30, 1985	
5 <b>RACE</b> White, Black, American Indian, etc. (specify) White		6 <b>SEX</b> Male		7 <b>AGE—Last birthday (years)</b> 78		8 <b>DATE OF BIRTH (month, day, year)</b> July 27, 1906	
9 <b>CITY, TOWN, OR LOCATION OF DEATH</b> Medford		10 <b>HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)</b> Rogue Valley Medical Center		11 <b>IF HOSP OR INST: Indicate DOA, OP, Emer, Rm., Inpatient (Specify)</b> ICU		12 <b>COUNTY OF DEATH</b> Jackson	
13 <b>STATE OF BIRTH (If not in U.S.A. name country)</b> South Dakota		14 <b>CITIZEN OF WHAT COUNTRY</b> U.S.A.		15 <b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)</b> Married		16 <b>SPOUSE (IF MARRIED, WIDOWED)</b> Velma	
17 <b>SOCIAL SECURITY NUMBER</b> 503-01-2850		18 <b>USUAL OCCUPATION (give kind of work done during most of working life, even if retired)</b> Auto Mechanic		19 <b>KIND OF BUSINESS OR INDUSTRY</b> Automobile Industry		20 <b>WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)</b> No	
21 <b>RESIDENCE—STATE</b> Oregon		22 <b>COUNTY</b> Jackson		23 <b>CITY, TOWN, OR LOCATION</b> Central Point		24 <b>STREET AND NUMBER OR R.F.D., ZIP</b> 103 Vincent Ave. 97502	
25 <b>FATHER—NAME first middle last</b> Theodore P. Barth		26 <b>MOTHER—first middle last (Maiden Name)</b> Etta Mae Richardson		27 <b>INFORMANT—NAME and relationship to deceased</b> Velma Barth - Wife		28 <b>LOCATION city or town state</b> Medford, Oregon	
29 <b>BURIAL, CREMATION, REMOVAL, MAUS. (specify)</b> Cremation		30 <b>CEMETERY OR CREMATORY—NAME</b> Siskiyou Crematory		31 <b>NAME AND ADDRESS OF FACILITY</b> Memory Gardens Funeral Home, 1395 Arnold Lane, Medford, Or.		32 <b>DATE SIGNED (Mo., Day, Yr.)</b> 1/30/85	
33 <b>NAME AND ADDRESS OF CERTIFIER (Type or Print)</b> Minor E. Matthews, M.D., 2911 Siskiyou Blvd., Medford, Oregon 97504		34 <b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>		35 <b>DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)</b> JAN 30 1985		36 <b>REGISTRAR</b> John Lathrop	
37 <b>PART I IMMEDIATE CAUSE</b> (a) <b>CARDIOGENIC SHOCK</b>		38 <b>PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)</b> ARTERIOSCLEROTIC VASCULAR DISEASE		39 <b>AUTOPSY (Specify Yes or No)</b> No		40 <b>WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)</b> Yes	
41 <b>INTERVAL between onset and death</b> Acute		42 <b>INTERVAL between onset and death</b> Months		43 <b>INTERVAL between onset and death</b> Years		44 <b>ACCIDENT (Specify Yes or No)</b> No	
45 <b>DATE OF INJURY (Mo., Day, Yr.)</b>		46 <b>HOUR OF INJURY</b>		47 <b>DESCRIBE HOW INJURY OCCURRED</b>		48 <b>INJURY AT WORK (Specify Yes or No)</b> No	
49 <b>PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)</b>		50 <b>LOCATION</b>		51 <b>STREET OR R.F.D. NO</b>		52 <b>CITY OR TOWN</b>	
53 <b>STATE</b>		54 <b>STATE</b>		55 <b>STATE</b>		56 <b>STATE</b>	

RECEIVED FOR REGISTRAR'S USE

## ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

45-2 REV. 12-83

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JAN 30 1985

(SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
VOID IF ALTERED

After recording return to: Velma Barth 4047 Douglas Ave, KF

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 30th day  
of May A.D., 19 86 at 8:58 o'clock A.M., and duly recorded in Vol. M86  
of Deeds on Page 9329

FEE \$5.00

Evelyn Biehn, County Clerk  
By Pam Smith