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STATE OF TEXAS

Certified a True Copy

Vol. M86 Page 20039

CERTIFICATE OF DEATH

STATE FILE NO.

Texas Department of Health — BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED [Type or print] [a] First: William [b] Middle: Melton [c] Last: Barnett				2. SEX: Male	3. DATE OF DEATH: 10-2-86	
4. RACE: Black	5a. WAS THE DECEDENT OF SPANISH ORIGIN?: No	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: No	6. DATE OF BIRTH: 2-6-10	7. AGE [In years last birthday]: 76	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Minutes
8a. PLACE OF DEATH — COUNTY: Wichita	8b. CITY OR TOWN [If outside city limits, give precinct no.]: Wichita Falls	8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION: River Oaks				8d. INSIDE CITY LIMITS?: Yes
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]: Married	10. BIRTHPLACE [State or foreign country]: Oklahoma	11. CITIZEN OF WHAT COUNTRY?: U.S.A	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: U.S.Navy	13. SURVIVING SPOUSE [If wife, give maiden name]: Annie L.Barnett		
14. SOCIAL SECURITY NO.: 447-10-8145	15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]: Labor		15b. KIND OF BUSINESS OR INDUSTRY: None			
16a. RESIDENCE — STATE: Texas	16b. COUNTY: Wichita	16c. CITY OR TOWN [If outside city limits, show rural]: Wichita Fall	16d. STREET ADDRESS [If rural, give location]: 701Juarez			16e. INSIDE CITY LIMITS?: Yes
17. FATHER'S NAME: Miles Barnett	18. MOTHER'S MAIDEN NAME: Serena Bradford	19. SIGNATURE OF INFORMANT: Annie L. Barnett				

CAUSE OF DEATH

20. PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

(a) IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]: Cerebral Infarction — Interval between onset and death: 1 day

(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Edema — Interval between onset and death: Unk

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Osteo Arthritis — Interval between onset and death:

22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]	22b. DATE OF INJURY [Mo., Day, Yr.]	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED	21. AUTOPSY?: No
22e. INJURY AT WORK [Specify yes or no]	22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]		22g. LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE	

CERTIFIER — To be completed by CERTIFYING PHYSICIAN only

23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]: C.B. Fuller, M.D.

23b. DATE SIGNED [Mo., Day, Yr.]: 10-9-86

23c. HOUR OF DEATH: 8:00 A. M.

23d. NAME OF ATTENDING PHYSICIAN [Type or print]: C. B. Fuller, M.D.

To be completed by MEDICAL EXAMINER or CORONER only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]

24b. DATE SIGNED [Mo., Day, Yr.]

24c. HOUR OF DEATH

24d. PRONOUNCED DEAD [Mo., Day, Year] ON

24e. PRONOUNCED DEAD [Hour] AT

25a. BURIAL, CREMATION, REMOVAL [Specify]: Burial	25b. DATE: Oct.7,1986	25c. NAME OF CEMETERY OR CREMATORY: Tolce Hill Cemetery	
25d. LOCATION [City, town, or county] [State]: Oklahoma City,Okla. Oklahoma		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: O.Nelson AinsworthF.H.	
27a. REGISTRAR'S FILE NO.: 954	27b. DATE REC'D BY LOCAL REGISTRAR: OCT 13 1986	27c. SIGNATURE OF LOCAL REGISTRAR: Martha W. Allensworth	

VS-112, REV. 1/80

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $5,000. (Article 4477c, Revised Civil Statutes of Texas)

WHEN IMPRESSED WITH THE RAISED SEAL OF THE CITY REGISTRAR, VITAL STATISTICS, WICHITA FALLS, TEXAS, THIS IS A CERTIFIED TRUE COPY OF THE PERMANENT RECORD AS FILED IN THE DIVISION OF VITAL STATISTICS, WICHITA FALLS, TEXAS.

ISSUED: OCT 13 1986

Martha W. Allensworth
Martha W. Allensworth
City Registrar
Wichita Falls, Texas

R.T. Barnett
901 Quanah
Wichita Falls, Texas
76301

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of November A.D., 19 86 at 11:00 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 20039 the 5th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____