DIVISION
SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

1 HERBERT — HARSHBARGER

2 DATE OF DEATH (month, day, year): April 18, 1986

3 RACE (White, Black, American Indian, etc.): White

4 SEX: Male

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): January 21, 1908

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either give street and number): Merle West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Kay

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

13 SOCIAL SECURITY NUMBER: 543 - 10 - 1637

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

14b KIND OF BUSINESS OR INDUSTRY: Jeld Wen Lumber Co.

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2527 Wantland

ZIP: 97601

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

16 FATHER — NAME (First, middle, last): Herbert E. Harshbarger

17 MOTHER — NAME (First, middle, last, Maiden Name): Mary Jane Bente

18 INFORMANT — NAME and relationship to deceased: Kay Harshbarger / Wife

19a DISPOSITION — BURIAL, CREMATION, REMOVAL, WALL, etc.

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

19c LOCATION — City or town, state: Klamath Falls, Ore

20a FUNERAL SERVICE LICENSEE or person acting as such — NAME AND ADDRESS OF FACILITY: WARD'S Funeral Home / 1945 Main St./Klamath Falls, Ore.

20b I HEREBY CERTIFY that I attended the deceased from the date and to the date stated above and that I last saw the deceased alive on the date stated above. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. — DATE SIGNED (Mo., Day, Year): April 21, 1986

20c HOUR OF DEATH: 12:16 A. M

21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): E. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Oregon ZIP 97601

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

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

22b REGISTRAR (Signature): Darlene E. Cramis

CAUSE OF DEATH

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

23a (a) Cardiac Arrest — Interval between onset and death: 0

(b) DUE TO OR AS A CONSEQUENCE OF: Probable Arrhythmia and CHF — Interval between onset and death: 3 yrs.

(c) DUE TO OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): COPD Lupus Erythematosus

24 AUTOPSY (Specify Yes or No): No

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

26a ACCIDENT, Specify Yes or No: No

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

27a INJURY AT WORK (Specify Yes or No)

27b PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

27c LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

28a HOSPITAL REPRESENTATIVE MADE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A

28b WAS GIFT MADE? YES NO N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 1-

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of the record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E. Cramis *Deputy Registrar*

Date April 22, 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

Kay Harshbarger