

CERTIFICATION OF VITAL RECORD

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Floyd</u> Middle: <u>Wesley</u> Last: <u>BARLOW</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>Found Feb. 10, 1989</u>
4. SOCIAL SECURITY NUMBER <u>430-34-5605</u>	5a. AGE - Last Birthday (Years) <u>68</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Leachville, Arkansas</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 21, 1920</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other: <u>Nursing Home</u> <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>	
9a. FACILITY NAME (If not institution, give street and number) <u>1513 Avalon Street</u>		9b. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Chipbelt Monitor</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lumber Manufacturing</u>	
11. MARITAL STATUS - Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Florence</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1513 Avalon Street</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. INFORMANT - NAME and relationship to decedent <u>Janice A. Owens, step-dau.</u>	
18. FATHER - NAME first middle last <u>John Barlow</u>		19. MOTHER - NAME first middle maiden <u>Mattie Tindle</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194</u>		23. DATE FILED (Month, Day, Year) <u>FEB 14 1989</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>M</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Robert N. Edwards</u>			
30. DATE SIGNED (Month, Day, Year) <u>February 12, 1989</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert N. Edwards, MD, 2865 Daggett Street, Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
PART I (a) <u>Ruptured Abdominal Aortic Aneurysm</u>			
(b) DUE TO, OR AS A CONSEQUENCE OF: <u> </u>			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u> </u>			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			
35a. DATE OF INJURY (Month, Day, Year) <u> </u>			
35b. TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. DESCRIBE HOW INJURY OCCURRED <u> </u>			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
39. If YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			
41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED, FEB 14 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jan Owens the 15th day
of FEB. A.D., 19 89 at 10:33 o'clock A M., and duly recorded in Vol. M89
of Deeds on Page 2894
Evelyn Biehn, County ClerkFEE \$8.00
Return: Jan Owens
6717 Beckton Ave., Klamath Falls, Or. 97603