

CERTIFICATE OF VITAL RECORD

55253
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <u>Cowell</u> Middle: <u>Hurry</u> Last: <u>BARNSTABLE</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 17, 1989</u>
4. SOCIAL SECURITY NUMBER <u>540-26-4348</u>		5a. AGE - Last Birth day (Years) <u>62</u>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <u>Klamath Falls, Ore.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>March 9, 1927</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Motel</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>760 N.W. Garden Valley Blvd. Room 212</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Roseburg</u>	
9d. COUNTY OF DEATH <u>Douglas</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>School Teacher</u>	
10a. KIND OF BUSINESS/INDUSTRY <u>Elementary Education</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Nita</u>		13. STREET AND NUMBER <u>10581 Powell Road</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Keno</u>		14. WAS DECEDENT OF HIS/HER RACIAL ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
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> College (1-4 or 5+) <u>6</u>	
17. FATHER - NAME first middle last <u>Christopher H. Barnstable</u>		18. MOTHER - NAME first middle maiden <u>Mary Magdaline Hunzeker</u>	
19. INFORMANT - NAME and relationship to deceased <u>Nita Barnstable wife</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Karl J. Hartin</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main St. Klamath Falls, Ore. 97601</u>	
23. DATE FILED (Month, Day, Year) <u>MAY 2 1989</u>		24. REGISTRAR'S SIGNATURE <u>Janice Brock</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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>10:40 pm</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" 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. <u>(Signature)</u>			
30. DATE SIGNED (Month, Day, Year) <u>APRIL 18, 1989</u>		31. DATE SIGNED (Month, Day, Year) <u>APRIL 18, 1989</u>	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <u>(Signature)</u>			
33. DATE SIGNED (Month, Day, Year) <u>APRIL 18, 1989</u>		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>MATTHEW J. SACKS MD 272 MEDICAL LOOP #E ROSEBURG, OR 97470</u>	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print)			
36. 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>Ca</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>UNK</u>	
(b) <u>Ca</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <u>Ca</u> 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.			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DOUGLAS COUNTY REGISTRAR.

DATE ISSUED

MAY 2 1989

D. ALMQUIST
NOTARY PUBLIC-OREGONPETER C. MULDER
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title co. the 23rd day of Aug. A.D., 19 89 at 10:52 o'clock AM. and duly recorded in Vol. M89 of Deeds on Page 15709.

FEE \$8.00

Return: A.T.C.

Evelyn Biehn - County Clerk
By Douglas Mulder