PERMANENT BLACK INK

86 46461 ID. TAG NO.

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

Vol M89 Page 23398

51 Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Katherine; Middle Faye; Last BARBER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 26, 1989
4. SOCIAL SECURITY NUMBER: 555-46-0971
5a. AGE - Last Birthday (Years): 55
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Manilla, Arkansas
7. DATE OF BIRTH (Month, Day, Year): November 2, 1933
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes XX No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Columbia Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Astoria
9d. COUNTY OF DEATH: Clatsop
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Homemaking
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Richard A. Barber
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Clatsop
13c. CITY, TOWN, OR LOCATION: Astoria
13d. STREET AND NUMBER: Rt. 4 Box 310
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97103
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Columbus V. Obbards
18. MOTHER - NAME first middle maiden: Eunice S. Williams
19. INFORMANT - NAME and relationship to deceased: Richard A. Barber - Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Ocean View Cemetery
20c. LOCATION - City or Town, State: Warrenton, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3075
22. NAME, ADDRESS AND ZIP OF FACILITY: Caldwell's Luce-Layton Mortuary 1165 Franklin Ave., Astoria, Ore. 97103

REGISTRAR

23. DATE FILED (Month, Day, Year): March 1, 1989
24. REGISTRAR'S SIGNATURE: Cheryl L. Wood
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? XX YES ☐ NO ☐ N/A
26. WAS GIFT MADE? XX YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:25 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): [signature]
30. DATE SIGNED (Month, Day, Year): 2/28/89
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Paul Voeller, M.D., 2200 Exchange St., Astoria, Oregon 97103
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Cardiac arrest due to
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Adult Respiratory Distress Syndrome pneumonia sepsis

37. Did tobacco use contribute to the death? ☐ Yes XX No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes XX No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No XX N/A

40. MANNER OF DEATH: XX Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

STATE OF OREGON, COUNTY OF CLATSOP)ss Date Issued March 6, 1989

This certifies that the foregoing is a correct and complete copy of death on file with the Clatsop County Health Department.

Jeanne Carlson
Registrar of Vital Statistics

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF CLATSOP COUNTY HEALTH DEPARTMENT

CC 13.00

23399

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard A. Barber the 4th day of December A.D., 19 89 at 11:25 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 23398.

FEE $13.00

Evelyn Biehn County Clerk

By Bernetha A. Pelock

Return to: Richard A. Barber--Rt 4, Box 310--Astornia, OR 97310