CERTIFICATION OF VITAL RECORD

MTC 26906 OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

83-013097

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 268

State File Number:

DECEDENT

1 DECEASED—NAME: First: Joaquin; Middle: Randolph; Last: BARR

2 DATE OF DEATH (month, day, year): July 24, 1983

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

4 SEX: Male

5a AGE—Last Birthday (years): 72

5b Under 1 year: months / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): May 23, 1911

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): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Laura R.

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

13 SOCIAL SECURITY NUMBER: 542-16-1073

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (self-employed)

14b KIND OF BUSINESS OR INDUSTRY: Agriculture

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2225 Applegate St. 97601

15e Inside City Limits (Specify yes or no): yes

16 FATHER—NAME (first, middle, last): Joseph R. Barr, M.D.

17 MOTHER—Maiden Name (first, middle, last): Elma A. Smith

18 INFORMANT—NAME and relationship to deceased: Laura R. Barr wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUSE (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Siskiyou Memorial Park

19c LOCATION (city or town, state): Medford, Oregon

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): Mel Friend

20b NAME AND ADDRESS OF FACILITY: Perl Funeral Home 426 W. 6th St. Medford, OR

CERTIFIER

To be Completed by CERTIFIED PHYSICIAN Only

21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]

21b DATE SIGNED (Mo., Day, Yr.): 7/28/83

21c HOUR OF DEATH: 3:00 a.m.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Lawrence J. Luppi, M.D. 903 Main St. Klamath Falls, OR 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 2 1983

22b REGISTRAR (Signature): Maxwell Sherman

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I

(a) DUE TO, OR AS A CONSEQUENCE OF: Cachexia due to Cancer — Interval between onset and death: 5 mos.

(b) DUE TO, OR AS A CONSEQUENCE OF: Cerebellar Infarction — Interval between onset and death: 2 weeks

(c) Subacute Bacterial Endocarditis — Interval between onset and death: 2 weeks

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

24 AUTOPSY (Specify Yes or No): no

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

4 [illegible]

5 —

6 —

26a ACCIDENT (Specify Yes or No)

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

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev 1-80)

AFTER RECORDING RETURN TO:
LAURA BARR
77048 Iroquis Dr.
Indian Wells, CA 92210

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 26 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 22nd day of Nov. A.D., 19 91 at 11:27 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 24545.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00