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60502  
I.D. TAG NO.

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

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136-

State File Number

1. DECEDENT'S NAME First: <u>Barry</u> Middle: <u>Dean</u> Last: <u>HARTFORD</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 01, 1990</u>
4. SOCIAL SECURITY NUMBER <u>543-48-2753</u>		5a. AGE - Last Birthday (Years) <u>44</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>Central City, Neb.</u>
7. DATE OF BIRTH (Month, Day, Year) <u>March 29, 1945</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Highway</u>		9b. FACILITY NAME (If not Institution, give street and number) <u>Highway 58, MP52</u>		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lane Transit District</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
12. SPOUSE (If Married, Widowed) <u>Karol</u>		13a. RESIDENCE - STATE <u>Oregon</u>		
13b. COUNTY <u>Lane</u>		13c. CITY, TOWN, OR LOCATION <u>Eugene</u>		
13d. STREET AND NUMBER <u>555 N. Danebo # 19</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) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+) <u>  </u>		
17. FATHER - NAME first middle last <u>James T. Hartford</u>		18. MOTHER - NAME first middle maiden <u>Harriet F. Manning</u>		19. INFORMANT - NAME and relationship to deceased <u>Karol Hartford - Wife</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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>Lane Memorial Gardens</u>		20c. LOCATION - City or Town, State <u>Eugene, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3281</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Musgrove Family Mortuary 1152 Olive St. Eugene, OR 97401</u>
23. DATE FILED (Month, Day, Year) <u>REC'D JAN 02 1990</u>		24. REGISTRAR'S SIGNATURE <u>Victoria Kay Nease</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>M</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <u>M</u> <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>[Signature]</u>				
30. DATE SIGNED (Month, Day, Year) <u>1-2-90</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>L. Samuel Vickers MD, Lane County Medical Examiner, 722 E. 11th, Eugene, Oregon 97401.</u>				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH <u>1330hr</u> <u>M</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>January 01, 1990 1330hr</u> <u>M</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. (Signature) <u>[Signature]</u>				
33. DATE SIGNED (Month, Day, Year) <u>1-2-90</u>				
34. COUNTY <u>Lane</u>				
35. 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>Multiple rib, sternal, and thoracic, spine fractures</u> DUE TO, OR AS A CONSEQUENCE OF: <u>with lacerations of heart and aorta,</u>		
		(b) <u>due to blunt impact to trunk.</u>		
		DUE TO, OR AS A CONSEQUENCE OF: <u>  </u>		
		(c) <u>  </u>		
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 checked="" 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. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) <u>Jan. 01, 1990</u>		
		41b. TIME OF INJURY <u>1330hr</u> <u>M</u>		
		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		41d. DESCRIBE HOW INJURY OCCURRED <u>He was the driver of a car, which collided with a truck.</u>		
		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>Highway</u>		
		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Highway 58, MP52, Oakridge, Lane Co., Or.</u>		
RESERVED FOR REGISTRAR'S USE				

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

STATE OF OREGON, COUNTY OF LANE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A  
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

By Victoria Kay Nease  
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON



27733

RECORDS SECTION  
CLERK  
COUNTY OF KLAMATH  
SPRINGFIELD, OREGON

27733

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Karol K. Potter the 23rd day  
of Nov. A.D., 19 92 at 11:34 o'clock A.M., and duly recorded in Vol. M92,  
of Deeds on Page 27732.

FEE \$15.00

Evelyn Biehn County Clerk

By Dorinda Mullins

Return: Karol K. Potter  
2575 Castle Dr.  
Springfield, Or. 97477