

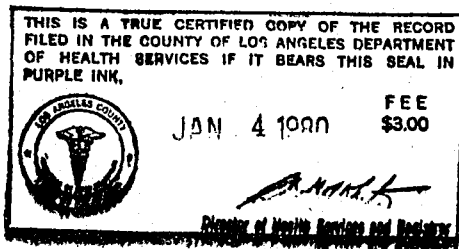
57481

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. 93 Page 3096

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		JOHN		EDWARD		BARNES		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
Male		White				January 31, 1919		60		YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Colorado		John G. Barnes - Unknown		522-18-4803		Married		Alta Dolly Crawford - Oklahoma			
11. CITIZEN OF WHAT COUNTRY		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS			
U.S.A.		14		Salsbury Corporation		Blanche A. Drager		Mfg. Automotive Parts			
15. PRIMARY OCCUPATION		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Stock Room Clerk		11928 Summer Avenue				Norwalk		Alta Davidson - Daughter			
19D. COUNTY		19E. STATE		21B. COUNTY		21D. CITY OR TOWN		2313 Century			
Los Angeles		California		LOS ANGELES		BELLFLOWER		Simi Valley, California			
21A. PLACE OF DEATH		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?			
KAISER FOUNDATION HOSPITAL		9400 E. ROSECRANS		(A) Cardiac-respiratory arrest		Minutes		No			
				(B) Chronic respiratory failure		weeks		25. WAS BIOPSY PERFORMED?			
				(C) C O P D		years		No			
				23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		Chronic congestive heart failure		26. WAS AUTOPSY PERFORMED?			
								No			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		None		28C. DATE SIGNED			
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		1/2/80		28D. PHYSICIAN'S LICENSE NUMBER			
5/25/70		12/30/79		John Agustines, M.D. 9400 E. Rosecrans Bellflower, Calif.				A 24162			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBYMER'S LICENSE NUMBER AND SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Burial		Jan. 3, 1980		Rose Hills Memorial Park		6390		JAN 3 1980			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE		43. SIGNATURE OF LOCAL REGISTRAR		44. SIGNATURE OF LOCAL REGISTRAR		45. SIGNATURE OF LOCAL REGISTRAR			
Rose Hills Mortuary-Whittier, Calif.											
STATE REGISTRAR		A.		B.		C.		D.		E.	



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Blanche D. Barnes the 11th day of Feb. A.D., 19 93 at 11:54 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 3096.

FEE \$10.00

Return: Blanche D. Barnes

778 N. 66th St., Springfield, Or. 97478

Evelyn Biehn County Clerk

By *[Signature]*