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60326 | B 5069 ID TAG NO. | 115 Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol M93 Page 8559

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME (First) BARBARA	(Middle) DIANE	(Last) FIFER	2 DATE OF DEATH (month, day, year) March 18, 1987	
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Female	5a AGE — Last birthday (years) 35	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.
6 DATE OF BIRTH (month, day, year) November 15, 1951				
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 2845 Wantland	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)	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) Lenny	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) NO
13 SOCIAL SECURITY NUMBER 541-66-3193	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	14b KIND OF BUSINESS OR INDUSTRY At Home		
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 2845 Wantland ZIP 97601	15e Inside City Limits (specify yes or no) Yes
16 FATHER — NAME first middle last James Walter Pope	17 MOTHER — first middle last (Maiden Name) Karen Jeannette Steffan	18 INFORMANT — NAME and relationship to deceased Lenny Fifer - Husband		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	19b CEMETERY OR CREMATORY — NAME Eternal Hills Memorial Gardens	19c LOCATION city or town state Klamath Falls, Ore.		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Jim Carraher	20b NAME AND ADDRESS OF FACILITY Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.			

DISPOSITION

1 ____
2 ____
3 ____

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) Brian E. Koester MD — 21b DATE SIGNED (Mo., Day, Year) 3/18/87 — 21c HOUR OF DEATH 7:00 A.M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21d Brian E. Koester, MD - 2850 Daggett - Klamath Falls, Oregon ZIP 97601

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) March 18, 1987 — 22b REGISTRAR (Signature) Katherine E. Cravens

CAUSE OF DEATH

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

4 ____
5 ____
6 ____

PART I	23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]		Interval between onset and death
	(a) Advanced Ovarian Carcinoma		18 months
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:		
	(c)		
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) Yes

26a ACCIDENT (Specify Yes or No) NO	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY M	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

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 6-88

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravens Deputy Registrar

Date March 19, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lenny Fifer the 22nd day of April A.D., 19 93 at 2:32 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 8559.

Evelyn Biehn, County Clerk

By _____

FEE $10.00

Return: Lenny Fifer
2845 Wantland, Klamath Falls, OR. 97601