

CERTIFICATE OF VITAL RECORD

12-01-93A11:23 RCVD

Vol. M93 Page 31919

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I.D. TAG 110

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Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <u>Barbara</u> Middle: <u>Grace</u> Last: <u>NASH</u>		2. SEX <u>Female</u>	3. DATE OF BIRTH (Month, Day, Year) <u>November 27, 1927</u>
4. SOCIAL SECURITY NUMBER <u>048-24-9364</u>		5a. AGE Last Birthday (Years) <u>61</u>	5b. Under 1 Year Mths: <u> </u> Days: <u> </u>
6. PLACE OF BIRTH (City and State or Foreign) <u>Warehead, MASS.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>January 6, 1952</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <u>No</u>			
9. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Home ☐ Other (Specify): <u> </u>			
10. FACILITY (Name (if not institution, give street and number)) <u>Merle West Medical Center</u>		11. CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>	
12. DECEASED'S USUAL OCCUPATION (Omitting work done during most of working life) <u>U.S. Air Force - M.Sgt.</u>		13. KIND OF BUSINESS/INDUSTRY <u>U.S. Military</u>	
14. RESIDENCE - STATE <u>Oregon</u>		15. RESIDENCE - COUNTY <u>Klamath</u>	
16. RESIDENCE - CITY, TOWN OR LOCATION <u>Chiloquin</u>		17. STREET AND NUMBER <u>PO Box 119 - Riverview Dr.</u>	
18. INSIDE CITY LIMITS? ☐ Yes ☒ No		19. ZIP CODE <u>97624</u>	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - (1) Yes, Specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		21. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
22. FATHER - NAME first middle last <u>Harold I. Nash</u>		23. MOTHER - NAME first middle maiden <u>Nazel - Stanley</u>	
24. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): <u> </u>		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Oakdale Cemetery</u>	
26. SIGNATURE OF A FUNERAL SERVICE LICENSEE OR PERSON AS SUCH <u>Evelyn Biehn</u>		27. LICENSE NUMBER (For Licensee) <u>93-49-1363</u>	
28. DATE FILED (Month, Day, Year) <u>NOV 29 1993</u>		29. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, Or 97603</u>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		31. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
33. TIME OF DEATH <u>1:55 A.M.</u>		34. DATE PHOTOCOPIED DEAD (Month, Day, Year) <u> </u>	
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature) <u>Charles D. Bury</u>			
36. DATE SIGNED (Month, Day, Year) <u>November 24 1993</u>			
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury, MD - 2800 Clairmont - Klamath Falls, OR 97601</u>			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
39. 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)			
(a) <u>Pneumonia</u>			
(b) <u>Cancer of the Pancreas</u>			
(c) <u> </u>			
40. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. <u> </u>			
41. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide		42. DATE OF INJURY (Month, Day, Year) <u> </u>	
43. TIME OF INJURY <u> </u>		44. INJURY AT WORK? ☒ Yes ☐ No	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u> </u>		46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

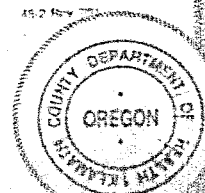
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

NOV 29 1993

DATE ISSUED:

Charles Bury
CHARLENE BACUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lorenda Boulware the 1st day of Dec. A.D. 19 93 at 11:23 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 31919.

FEE \$10.00

Return: Lorenda Boulware, P.O. Box 119
Chiloquin, Or - 97624

Evelyn Biehn
By Charles Bury County Clerk