CERTIFICATION OF VITAL RECORD

12-01-93A11:23 RCVD

Vol. M93 Page 31919

72136

146088 I.D. TAG NO.

556 Local File Number

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

136- State File Number

1. DECEDENT'S NAME: First Barbara; Middle Grace; Last NASH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 27, 1993
4. SOCIAL SECURITY NUMBER: 048-24-9364
5a. AGE (Last Birthday): 61
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Marblehead, MASS.
7. DATE OF BIRTH (Month, Day, Year): January 6, 1932
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): U.S. Air Force - M.Sgt.
10b. KIND OF BUSINESS/INDUSTRY: U.S. Military
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Chiloquin
13d. STREET AND NUMBER: PO Box 119- Riverview Dr.
13e. INSIDE CITY LIMITS? ☐ Yes XX No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) XX No ☐ Yes Specify
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+): 2
17. FATHER - NAME first middle last: Harold I. Nash
18. MOTHER - NAME first middle maiden: Hazel - Stanley
19. INFORMANT - NAME and relationship to deceased: Lois Reynolds - Sister
20a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
20c. LOCATION - City or Town, State: Middleton, MASS.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Evald Allen
21b. LICENSE NUMBER (Of Licensee): 93-49-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy #39/ Klamath Falls, Or 97603
23. DATE FILED (Month, Day, Year): NOV 29 1993
24. REGISTRAR'S SIGNATURE: Evelyn Swanson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES XX NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:55 A M
28. WAS MEDICAL EXAMINER NOT FILED? ☐ Yes XX 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): Charles D. Bury
30. DATE SIGNED (Month, Day, Year): November 24 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. 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) Pneumonia — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cancer of the Pancreas — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? XX Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY: ☐ Yes XX No
39. Was Medical Examiner or Coroner Contacted? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: XX Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes XX No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED: NOV 29 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Loreda 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.

Evelyn Biehn, County Clerk
By Charlene Barcus

FEE $10.00

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