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TYPE OR
PRINT IN
PERMANENT
BLACK INKG-4088
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First: Thomas Middle: Conroe Last: BARNES			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 7, 1995
4. SOCIAL SECURITY NUMBER 540-16-8191			5a. AGE Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Sheridan, AR			7. DATE OF BIRTH (Month, Day, Year) March 4, 1922	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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) Superintendent			10b. KIND OF BUSINESS/INDUSTRY Public Utilities	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Mary Jane	
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls			13d. STREET AND NUMBER 5530 Villa Drive	
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:			15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 2				
17. FATHER - NAME first middle last Chester William Barnes			18. MOTHER - NAME first middle maiden Ethel Jo Lockhart	
19. INFORMANT - NAME and relationship to deceased Mary Jane Barnes / Wife				
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)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Don Ward</i>			21b. LICENSE NUMBER (Of Licensee) 1441	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR 97601				
23. DATE FILED (Month, Day, Year) OCT 10 1995			24. REGISTRAR'S SIGNATURE <i>Janet Bailey Guber</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 17:50		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) October 9, 1995				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, OR 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) <i>Alcoholism of 10 years with prostration</i>			Interval between onset and death 15 years	
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:			Interval between onset and death	
(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. <i>Alcoholism the last was under control</i>			37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention			41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY			41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)				

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DATE ISSUED:

OCT 10 1995

ORIGINAL VITAL STATISTICS COPY

JANET BAILEY GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Jane Barnes the 27th day of October A.D., 19 95 at 3:43 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 29478.

FEE \$10.00

By Bernetha G. Leisch, County Clerk
Annette Mueller