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TYPE OR
PRINT IN
PERMANENT
BLACK INKG-4088
1.D. TAG NO.494
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

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 | |
| 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 decedent 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 CERTIFYING 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>Altered state of consciousness of cause with premonitions</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>Altered state of consciousness</i> | | | | |
| 34. 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 <input type="checkbox"/> Homicide | | | 35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 36. DATE OF INJURY (Month, Day, Year) | | | 37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 38. TIME OF INJURY | | | 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 40. DESCRIBE HOW INJURY OCCURRED | |
| 41a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | | 41b. 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