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TYPE OR PRINT IN PERMANENT BLACK INK

168086 I.D. TAG NO.

185 Local File Number

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

136- State File Number

'96 MAY 21 A11:00

DECEDENT

1. DECEDENT'S NAME: First: Richard; Middle: James; Last: BARLOW SR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 25, 1995
4. SOCIAL SECURITY NUMBER: 525-34-8991
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Farmington, NM
7. DATE OF BIRTH (Month, Day, Year): August 22, 1925
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Residence 4407 Bristol Ave.
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): Laundromat Owner
10b. KIND OF BUSINESS/INDUSTRY: Laundry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): June Marie Barlow
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4407 Bristol Ave.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Huber James Barlow
18. MOTHER - NAME first middle maiden: Louise - Spellman
19. INFORMANT - NAME and relationship to deceased: June M. Barlow Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael Ok
21b. LICENSE NUMBER (Of Licensee): CO 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): APR 27 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:00 A.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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)
30. DATE SIGNED (Month, Day, Year): 4/27/95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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): Thomas J. Etges M.D. 1905 Main Street, Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) Severe (END STAGE) Congestive Heart Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASCAD (S/P CABG) — 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.
HTN / Chronic atrial fibrillation
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ 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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: APR 27 1995

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of June M Barlow the 21st day of May A.D., 19 96 at 11:00 o'clock A.M., and duly recorded in Vol. M96, of Deeds on Page 14665.

Bernetha G. Letsch, County Clerk

FEE $10.00 Return: June Barlow
4407 Bristol Avenue
Klamath Falls, Oregon 97603

By