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I.D. TAG NO.

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: <b>Richard</b> Middle: <b>James</b> Last: <b>BARLOW SR.</b>			2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 25, 1995</b>
4. SOCIAL SECURITY NUMBER <b>525-34-8991</b>		5a. AGE-Last Birthday (Years) <b>69</b>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Farmington, NM</b>
7. DATE OF BIRTH (Month, Day, Year) <b>August 22, 1925</b>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9. FACILITY NAME (if not institution, give street and number) <b>Residence 4407 Bristol Ave.</b>				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Laundromat Owner</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Laundry</b>		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)
12. SPOUSE (If Married, Widowed, Divorced) (Specify) <b>June Marie Barlow</b>		13. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		
14. RESIDENCE - STATE <b>Oregon</b>		15. RESIDENCE - COUNTY <b>Klamath</b>		16. STREET AND NUMBER <b>4407 Bristol Ave.</b>
17. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. ZIP CODE <b>97603</b>		19. RACE American Indian, Black, White, etc. (Specify) <b>White</b>
20. EDUCATION (Specify only highest grade completed) <b>12</b>		21. FATHER - NAME first middle last <b>Huber James Barlow</b>		
22. MOTHER - NAME first middle maiden <b>Louise - Spellman</b>		23. INFORMANT - NAME and relationship to decedent <b>June M. Barlow Spouse</b>		
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>		
26. LOCATION - City or Town, State <b>Klamath Falls, OR</b>		27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Hair</i>		
28. LICENSE NUMBER (Of License) <b>CO 3207</b>		29. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601</b>		
30. DATE FILED (Month, Day, Year) <b>APR 27 1995</b>		31. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</i>		
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
34. TIME OF DEATH <b>11:00 A.M.</b>		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Thomas J. Etges</i>				
37. DATE SIGNED (Month, Day, Year) <b>4/27/95</b>				
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Thomas J. Etges M.D. 1905 Main Street, Klamath Falls, OR 97601</b>				
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
40. TIME OF DEATH <b>M</b>		41. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>		
42. 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)				
43. DATE SIGNED (Month, Day, Year) COUNTY				
CAUSE OF DEATH				
PART I 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) <b>Severe/END STAGE Congestive Heart Failure</b>				
(b) <b>ASCAD (S/P CABG)</b>				
(c) <b>HTN/Chronic arterial fibrillation</b>				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
44. 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				
45a. DATE OF INJURY (Month, Day, Year)		45b. TIME OF INJURY		45c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR  
ORIGINAL VITAL STATISTICS COPYDATE 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 **AM**, and duly recorded in Vol. **M96**,  
of **Deeds** on Page **14665**.

FEE \$10.00

Return: **June Barlow**By *Cheryl Russell***4407 Bristol Avenue  
Klamath Falls, Oregon 97603**

Bernetha G. Letsch, County Clerk