CERTIFICATION OF VITAL RECORD

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PERMANENT BLACK INK

H-09766
I.D. TAG NO.

254
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: Ann; Last: ARBUCKLE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 12, 1997
4. SOCIAL SECURITY NUMBER: 550-34-7675
5a. AGE-Last Birthday (Years): 68
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Ashtabula, Ohio
7. DATE OF BIRTH (Month, Day, Year): September 19, 1928
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): 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): Telephone Operator
10b. KIND OF BUSINESS/INDUSTRY: Telephone Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Jack C. Arbuckle
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 12595 Anderson Road ✓
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+):
17. FATHER - NAME first middle last: Myron Seals
18. MOTHER - NAME first middle maiden: Ruth Mullin
19. INFORMANT - NAME and relationship to deceased: Jack C. Arbuckle - Spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James D Rizza
21b. LICENSE NUMBER (Of Licensee): CO 3572
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): MAY 14 1997
24. REGISTRAR'S SIGNATURE: Evelyn Linnaman
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:45 PM
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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): May 12, 1997

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): Sean B. Dow, M.D. 1900 Main Street, Klamath Falls, Oregon 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) Breast cancer with lymphedetic spread — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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: COPD
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 ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
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.

DATE ISSUED: MAY 14 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Jack Arbuckle the 5th day of June A.D., 19 97 at 2:03 o'clock P.M., and duly recorded in Vol. M97, of Deeds on Page 17256.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Rossi