CERTIFICATION OF VITAL RECORD

40408 Vol M97 Page 20661

COUNTY of FRESNO

HEALTH SERVICES AGENCY

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES. WRITEOVERS OR ALTERATIONS VS-11 (REV. 7-93)

STATE FILE NUMBER: 3199510 003921

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Richard	Dean	Barnhart

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
10/05/1954	40			M	09/14/1995	0501

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CA	554-92-6854	19__ TO 19__ ☐ NONE	Mar.	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	☐ YES ☒ NO	Technicon Engineering Services, Inc.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Welding Inspector	Geotechnical Engineering	22

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
6325 N. Constance				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Fresno	Fresno	93722	20	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Anne Miller Barnhart	6325 N. Constance, Fresno, CA 93722

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Anne	-	Miller	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Richard	-	Barnhart	CA
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Ila	-	Perry	CA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
09/20/1995	RES: Anne Miller Barnhart, 6235 N. Constance, Fresno, CA 93722

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR RES	▷ Not Embalmed	-
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Chapel of the Light	F-1423	▷ [signature]	09/20/1995

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
St. Agnes Medical Center	☐ IP ☒ ER/OP ☐ DOA	☐ CONV. HOSP. ☐ FREE ☐ OTHER	Fresno
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
1303 E. Herndon			Fresno

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D. (PENDING)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER

109. AUTOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☒ YES ☐ NO

111. USED IN DETERMINING CAUSE: ☒ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY | DECEDENT LAST SEEN ALIVE MM/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
▷		

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND OR COUNTY)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▷ George Pimentel	09/19/1995	GEORGE PIMENTEL, DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

97 JUL -2 P3:04

257146

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Community Health Department.

DATE ISSUED DEC 09 1996

EDWARD DEFOE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF VITAL RECORD

20662

COUNTY of FRESNO

HEALTH SERVICES AGENCY

FRESNO, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH ✓

95-140178
STATE FILE NUMBER

USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS

3199510 003921
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY | 1 | 2 | 3

TYPE OR PRINT IN BLACK INK ONLY

PART I — INFORMATION TO LOCATE RECORD

1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
RICHARD	DEAN	BARNHART	M
5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE	
09/14/1995	FRESNO	FRESNO	

PART II — INFORMATION AS IT APPEARS ON RECORD

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.

IMMEDIATE CAUSE (A) PENDING — 2 OF 2 — TIME INTERVAL BETWEEN ONSET AND DEATH:

DUE TO (B):

(C):

DUE TO (D):

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER:

109. AUTOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107:

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE:

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK: [ ] YES [ ] NO

121. INJURY DATE—MM / DD / CCYY:

122. HOUR:

123. PLACE OF INJURY:

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):

PART III — INFORMATION AS IT SHOULD APPEAR

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.

IMMEDIATE CAUSE (A) HYPERTROPHIC HEART DISEASE — TIME INTERVAL BETWEEN ONSET AND DEATH: YEARS

DUE TO (B):

(C):

DUE TO (D):

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER:

109. AUTOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107:
NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE:
NO

119. MANNER OF DEATH: [X] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK: [ ] YES [ ] NO

121. INJURY DATE—MM / DD / CCYY:

122. HOUR:

123. PLACE OF INJURY:

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	9. DATE SIGNED—MM/DD/CCYY	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER
Richard J. Tobin	03/27/1996	RICHARD J. TOBIN, SR. DEP. CORONER
11. ADDRESS—STREET AND NUMBER	12. CITY	13. STATE / 14. ZIP CODE
760 W. NIELSEN AVE.	FRESNO	CA / 93706

STATE/LOCAL REGISTRAR USE ONLY

15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR: OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY: 04/10/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS-249 (1/94) 93 24457

257147

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STATE OF CALIFORNIA, COUNTY OF FRESNO

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DATE ISSUED DEC 09 1996

EDWARD DEFOE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Richard Dean Barnhart the 2nd day of July A.D., 19 97 at 3:04 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 20661.

FEE $15.00

Return: Leola Schadler
160 S. Willow #123
Fresno, CA 93727-3728

Bernetha G. Letsch, County Clerk
By Kathleen Rossi