CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

200042
I.D. TAG NO.

586
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: Kathryn Middle: Marie Last: BARNES
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 2, 1995
4. SOCIAL SECURITY NUMBER: 544-50-4095
5a. AGE Last Birthday (Years): 51
5b. Under 1 Year: Mon. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Corvallis, OR
7. DATE OF BIRTH (Month, Day, Year): May 14, 1944
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] Er/Outpatient [ ] DOA; OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 12110 LuPine Lane
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): Public Relations Representative
10b. KIND OF BUSINESS/INDUSTRY: Bureau of Land Management
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Alan Arthur Barnes
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 12110 LuPine Lane
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): ; College (1-4 or 5+): 1
17. FATHER - NAME first middle last: Lloyd - Patapoff
18. MOTHER - NAME first middle maiden: Kate - Mohoff
19. INFORMANT - NAME and relationship to deceased: Alan A. Barnes, husband
20a. METHOD OF DISPOSITION [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Alford Cemetery
20c. LOCATION - City or Town, State: Harrisburg, OR 97446
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ron C. Davenport
21b. LICENSE NUMBER (Of Licensee): FS-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): DEC 05 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 18:37 PM
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): December 4, 1995

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): Robert F. Bohnen, MD, 2610 Uhrmann Road, 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) Adenocarcinoma of undetermined primary site, with metastases — Interval between onset and death: 9 months
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [X] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A
40. MANNER OF DEATH [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? [ ] Yes [X] 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)

CERTIFIED FOR 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: DEC 05 1995

Janet Bailey-Gober
JANET BAILEY-GOBER 45-2 Rev 11
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON — KLAMATH COUNTY DEPARTMENT OF HEALTH — OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Alan Barnes the 30th day of July A.D., 19 97 at 10:05 o'clock A M., and duly recorded in Vol. M97, of Deeds on Page 24214.

Bernetha G. Letsch, County Clerk
By Pauline Mullendale

FEE $10.00