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VERIFICATION OF VITAL RECORD
 OREGON HEALTH DIVISION
 CENTER FOR HEALTH STATISTICS

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TYPE OR
 PRINT IN
 PERMANENT
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G-4094
 I.D. TAG NO.
232

Local File Number

K-53097
 OREGON DEPARTMENT OF HUMAN RESOURCES
 HEALTH DIVISION
 CENTER FOR HEALTH STATISTICS
 CERTIFICATE OF DEATH

96-010676

1. DECEASED'S NAME Barbara Joan WALDEN		2. SEX Fem.		3. DATE OF DEATH (Month, Day, Year) May 11, 1996	
4. SOCIAL SECURITY NUMBER 237 43 1356		5. AGE (Years) 62		6. PLACE OF BIRTH (City and State or Foreign Country) Greer, SC	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? No		8. PLACE OF DEATH (City and State or Foreign Country) Chiloquin		9. DATE OF BIRTH (Month, Day, Year) Oct. 13, 1933	
10. FACILITY NAME (If not available, give street and number) 17710 Sprague River Road		11. CITY, TOWN, OR LOCATION OF DEATH Chiloquin		12. COUNTY OF DEATH Klamath	
13. DECEASED'S USUAL OCCUPATION (If not available, give occupation at time of death) Homemaker		14. TYPE OF HOME Own Home		15. MARITAL STATUS - Married, Single, Widowed, Divorced (Specify) Married	
16. RESIDENCE - STATE Oregon		17. RESIDENCE - COUNTY Klamath		18. SPOUSE (If married, widowed, divorced) Dewey S.	
19. INSIDE CITY LIMITS No		20. ZIP CODE 97624		21. PLACE OF BIRTH (City and State or Foreign Country) White	
22. FATHER'S NAME (Last, first) Lotus T. Allison		23. MOTHER'S NAME (Last, first) Arabelle T. Waldrop		24. DECEASED'S EDUCATION (Specify only higher grade completed) High School	
25. METHOD OF DEATH (Specify) Heart		26. PLACE OF DEATH (Specify) Klamath Cremation Service		27. DECEASED'S NAME AND RELATIONSHIP TO DECEASED Dewey Walden / Husband	
28. DEATH CERTIFICATE OF FUNERAL SERVICE LICENSED PERSON (Specify) James K. [Signature]		29. DEATH CERTIFICATE OF FUNERAL SERVICE LICENSED PERSON (Specify) 3409		30. LOCATION - City or Town, State Klamath Falls, Oregon	
31. DATE OF DEATH (Month, Day, Year) MAY 11 1996		32. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601		33. REGISTRAR'S SIGNATURE [Signature]	
34. DID HOSPITAL REPRESENTATIVE REQUEST FOR AUTOPSY (If not, specify reason) No		35. DID HOSPITAL REPRESENTATIVE REQUEST FOR AUTOPSY (If not, specify reason) No		36. WAS DEATH CERTIFICATE ISSUED? Yes	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD ACTS ON FILE IN THE VITAL RECORDS OF THE OREGON HEALTH DIVISION

DATE ISSUED:

MAR 24 1999

[Signature]
 EDNA J. JARVIS
 STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH.

Filed for record at request of
 of March

First American Title
 of A.D. 1999 at 11:17 o'clock A.M. and duly recorded in Vol. 29th day
 of Deeds on Page 10810

FEE

\$10.00

Linda Smith, County Clerk

by **Kathleen Ross**