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6544

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 153

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First CLOVIS; Middle JEWELL; Last BOWMAN

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 23 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2804 Bisbee

4. DATE OF DEATH: Month April; Day 30; Year 1966
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-24-8721
9. USUAL OCCUPATION (Kind of work done during most of life): Aide
10. KIND OF BUSINESS OR INDUSTRY: Nursing Home
11. NAME OF SPOUSE: Asier Bowman
12. DATE OF BIRTH: Month August; Day 30; Year 1916
13. AGE LAST BIRTHDAY: Yrs. 49; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Delight, Arkansas
15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: George Porter Glassco
18. MAIDEN NAME OF MOTHER: Pearl Campbell
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Asier Bowman (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardiac failure — Interval Between Onset and Death (Years, days, hours, etc.): 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Cancer lung — 6 months
DUE TO (C):

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Farm, Home, Forest, etc.)
25B. City; County; State
26. TIME OF INJURY: Hour ..... a. m. ..... p. m.; Month; Day; Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that (attended) (last saw alive) the deceased from or on 4/29/66 (date) to 10/29/65 (date) and that the death occurred at 2:10a m. from the causes and on the date stated above.
➤ A. Ivan Thompson, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 4/30/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 5/2/66
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Mem.Gar.
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-2-66
32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ W. W. Ward Klamath Falls, Ore

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date May 4, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:

Asier Bowman

on this 31 May A.D. 1966

at 2:35 P. M., and duly recorded in Vol. M-66 Deeds

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Fee 1.50

Fee

By Evelyn Dicks Deputy