23803

In Full
2 Copies
1 Cert

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH :: PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 166

STATE FILE NO. V.M-68 PAGE 5366

DATE RECEIVED

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Edmund; Middle: W.; Last: Gowen

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 28: Life
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Int. Com. 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.: 1855 Portland Street

4. DATE OF DEATH: Month: June; Day: 2; Year: 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-12-5595
9. USUAL OCCUPATION (Kind of work done during most of life): Rancher (Retired)
10. KIND OF BUSINESS OR INDUSTRY: Ranching
11. NAME OF SPOUSE: Blanche E. Gowen
12. DATE OF BIRTH: Month: April; Day: 24; Year: 1889
13. AGE LAST BIRTHDAY: 79 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Klamath Falls, Oregon
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW 1
17. NAME OF FATHER: Edmund W. Gowen
18. MAIDEN NAME OF MOTHER: Sarah Hector
19. INFORMANT'S NAME AND RELATIONSHIP: Blanche E. Gowen, Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Hemorrhage from Duodenal Ulcer — Interval Between Onset and Death (Years, days, hours, etc.): 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):
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): Coronary artery disease

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as 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 I (attended) (last saw alive) the deceased from or on June 1 '68 (date) to June 3 (date) and that the death occurred at 1:30 PM from the causes, and on the date stated above.
Raymond Joe MD (Signature) (Title) Falls Dr (Address) June 4 '68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: June 5, 1968
30C. NAME OF CREMATORY OR CEMETERY: Bonanza Cemetery
30D. LOCATION (City or Town) State: Bonanza, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 6-6-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's Funeral Chapel, 519 Pine St., Klamath Falls, Ore.

FORM VS-2

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.

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

(SEAL)

By Marian Ackerman
Deputy Registrar

Date JUN 6 1968 19

VOID IF ALTERED

STATE OF OREGON, }
County of Klamath } ss

Filed for record at request of
Prentiss K. Puckett
on this 17 day of June A. D. 19 68
at 3:50 o'clock PM and duly
recorded in Vol. M-68 of Deeds
Page 5366.

DOROTHY ROGERS, County Clerk
By Beverly J. Hagaman Deputy

Fee 1.50