41706

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. VOL M70 PAGE 4613

LOCAL REGISTRAR'S NUMBER R01

DATE RECEIVED

MEDICAL INVESTIGATOR CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

1. NAME OF DECEASED (Type or print all entries in black ink): First WILLIAM; Middle HENRY; Last LOWDER

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Malin
C. LENGTH OF STAY IN 28 38 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 2611 Railroad Avenue

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): Malin
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2611 Railroad Avenue

4. DATE OF DEATH: Month July Day 9 Year 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 544-42-9894 - A
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer
10. KIND OF BUSINESS OR INDUSTRY: Farms
11. NAME OF SPOUSE: Bessie Lowder
12. DATE OF BIRTH: Month January Day 6 Year 1891
13. AGE LAST BIRTHDAY (Yrs.): 77
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HOURS: Hours ____ Minutes ____
14. BIRTHPLACE (State or Foreign Country): Newman, California
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country (Name of Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 1
17. NAME OF FATHER: John Ellie Lowder
18. MAIDEN NAME OF MOTHER: Mary Woods
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Bessie Lowder (Wife)

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Died C.V. Accident — INTERVAL: Instantly
DUE TO (B): ____
DUE TO (C): ____
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

21. AUTOPSY? AUTHORIZED BY: Yes [ ] No [X]

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.? yes [ ] no [ ] unknown [ ]
23. EXTERNAL CAUSE OF DEATH WAS: Primary [ ] or Contributing [ ]
24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I or part II)
25. TIME OF INJURY (mo) (day) (yr) A.M. P.M.
26. INJURY OCCURRED while at work [ ] not while at work [ ]
27A. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
27B. (city or town) (county) (state)

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 4 (AM) (PM) from the cause(s) and on the date stated above.
ACTUAL SIGNATURE: J. Martin Coleman M.D. Asst. MEDICAL INVESTIGATOR FOR Klamath

29. Burial [X] Removal [ ] Cremation [ ] Other [ ]
30. DATE: 7-13-68
31. PLACE OF BURIAL, REMOVAL, ETC.: Malin Cemetery, Malin, Oregon

FUNERAL DIRECTOR
32. (Signature of funeral director or person acting as such): [illegible]
NAME OF FUNERAL HOME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon

REGISTRAR
33. (Signature of registrar): Marion Coberman
DATE RECORD FILED: 7-11-68

TO MEDICAL INVEST(GATOR): Complete and sign medical certification (items 20-28) and give to funeral director as soon as possible after inquiry.

NOTE: If "pending" must be indicated, notify registrar of final decision as soon as possible.

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 Marion Coberman
Deputy Registrar

Date JUL 11 1968 19____

JUN 9 1 35 PM 1970

VOID IF ALT...

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STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: W. O. Brickner
on this 9th day of June A. D. 19 70
at 1:35 o'clock P. M. and duly recorded in Vol. M-70 of Deeds
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WM. D. MILNE, County Clerk
By Charles F. Bostrom Deputy.

Fee $1.50