OCT 15 9 50 AM 1971

57387 Vol. M1 Page 10832

OREGON STATE BOARD OF HEALTH — VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 1051 — State File Number:

1. DECEASED—NAME: First: JOE	Middle: William	Last: BOWERSOX			2. DATE OF DEATH (month, day, year): Sept. 1, 1971	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 73	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): June 19, 1898	
7a. COUNTY OF DEATH: Marion	7b. CITY, TOWN, OR LOCATION OF DEATH: Salem	7c. Inside City Limits (specify yes or no): yes			7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Salem Memorial Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married			11. NAME OF SPOUSE: Mildred Bowersox	
12. SOCIAL SECURITY NUMBER: 543-10-6297-A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Restaurant owner				13b. KIND OF BUSINESS OR INDUSTRY: retired	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Marion	14c. CITY, TOWN, OR LOCATION: Salem			14d. Inside City Limits (specify yes or no): yes	14e. STREET AND NUMBER OR R.F.D.: 550 Summer St NE
15. FATHER NAME first middle last: Arthur Bowersox	16. MOTHER—Maiden Name first middle last: Lucetta Armstrong				17. INFORMANT—NAME and relationship to deceased: Mildred Bowersox	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		approximate interval between onset and death
18. Immediate cause (a)	Acute Pneumonitis and bronchitis, right.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Carcinoma of the lung.	
due to, or as a consequence of: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR		AUTOPSY (yes or no): 19a. no	19b. IF YES were findings considered in determining cause of death
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)	20d. HOW INJURY Ooccurred (enter nature of injury in part I or part II, item 18)		

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: August 15, 1969	to: month day year: Sept. 1, 1971	And Last Saw Him/Her Alive on: month day year: 8-31-71	I Did/Did Not view the body after death (specify): I did not	DEATH OCCURRED (hour): 2:55 A M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print) degree or Title: Donald D. Sanders, M.D.			22c. DATE SIGNED (month, day, year): 9-3-71	
23. MAILING ADDRESS—PHYSICIAN: street: 374 Owens Street, SE	city or town: Salem, Oregon	state	zip: 97302		

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: City View	24c. LOCATION city or town: Salem	state: Oregon
24d. DATE (mo., day, year): Sept. 3, 1971			
25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): V. T. Golden Mortuary Inc. 605 Comm. St. SE Salem, Ore. 97301		
26a. LOCAL REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR: Sept 7, 1971	27. DATE RECEIVED BY STATE REGISTRAR	

STATE OF OREGON
COUNTY OF MARION
SEAL
VOID IF ALTERED
DATE Sept 7, 1971

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

PETER J. BATTEN, M.D., REGISTRAR OF VITAL STATISTICS

By Maude Spann Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Joe Bowersox Sr.

this 15th day of October A. D., 19 71 at 9:50 o'clock A M., and duly recorded in Vol. M71, of Deeds on Page 10832

Fee $1.50

WM. D. MILNE, County Clerk

By Cynthia Reynolds