'78 APR 20 PM 1 39

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CERTIFICATE OF DEATH

135 (Local File Number)

State File Number

1 DECEASED—NAME: First CHARLES Middle MELVIN Last HOWIE

2 DATE OF DEATH (month, day, year): April 14, 1978

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 60

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): August 24, 1917

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercomm.

7d IF HOSP. OR INST., indicate DOA, OP/Emer., Ret., Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED, OR DIVORCED): Penny Howie

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 541 - 09 - 8911

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Business Owner

14b KIND OF BUSINESS OR INDUSTRY: Drapery Shop

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 405 High Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: James Edwin Howie

17 MOTHER—Maiden Name first middle last: Myrtle Hillhouse

18 INFORMANT—NAME and relationship to deceased: Vicki Cornwall - Daughter

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gar.

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): James K. Colvard

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): John D. Merryman M.D.

21b DATE SIGNED (Mo., Day, Yr.): April 17, 1978

21c HOUR OF DEATH: 9:50 PM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): John D. Merryman, M.D. / 303 Pine St. / Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 17 1978

22b REGISTRAR (Signature): Marian Coleman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Cardiac Arrest — Interval between onset and death: 5 min.

DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Carcinoma of Lung. — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Mrs. Ann Stevens
405 High St
Klamath Falls, Or

VS-2 Rev-1-78 P-65412

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)

MARJORIE S. CONER, Registrar Vital Statistics

By Marian Coleman Deputy Registrar

Date APR 12 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of April A.D., 19 78 at 2:35 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 7738.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha J. Leach Deputy