'80 AUG 21 AM 11 02 Vol. M 80 Page 15811

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38-221229D

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 123

STATE FILE NO. 14821

DATE RECEIVED DEC 26 1957

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 in black ink) — First: Mattie — Middle: E. — Last: Bowen

2. PLACE OF DEATH
A. COUNTY: Linn
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Lebanon
C. LENGTH OF STAY IN 2B: 12 Hours
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Lebanon Community Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Linn
C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Lebanon
D. STREET ADDRESS, RURAL ROUTE, ETC: 273 Mary Street

4. DATE OF DEATH (Month, Day, Year): December 13 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 543-24-3262
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: Domestic
11. NAME OF SPOUSE: George
12. DATE OF BIRTH (Month, Day, Year): August 1 1900
13. AGE LAST BIRTHDAY (Yrs.): 57 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Clarksville, Tennessee
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: no
17. NAME OF FATHER: John Bluebaugh
18. MAIDEN NAME OF MOTHER: Rosie Jones
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: George Bowen- 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): Myocardial infarction — Interval Between Onset and Death: 5 ds.
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last. DUE TO (B): Coronary atherosclerosis
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 [X] 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
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 the deceased from 12-8-57 to 12-13-57 and that the death occurred at 8:15a. from the causes and on the date stated above.
Arthur [illegible] MD 325 Park Lebanon Ore — 12-14-57 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 4201

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: December 14/57
30C. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
30D. LOCATION (City or Town) (State): Lebanon Oregon
30E. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. [illegible] — 86 W. Grant St. Lebanon, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 12-14-57
32. REGISTRAR'S SIGNATURE: [illegible] M.D.