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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCESVol. M81 Page 7123

Vital Records Unit

CERTIFICATE OF DEATH

TYPE
PRINT
IN
IMMEDIATE
BLACK
INK
FOR
DUPLICATIONS
SEE
IDBOOK

Local File Number

State File Number

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 HARVEY		(NMI)		BOSTWICK				2 April 12, 1981	
3 White		SEX		4 Male		AGE—Last birthday (years)		5a 69	
CITY, TOWN OR LOCATION OF DEATH		7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7b County Nursing Home		IF HOSP. OR INST. Indicate DOA, OR Emerg., Inpatient (Specify)	
STATE OF BIRTH (If not in U.S.A., name country)		8 Oregon		CITIZEN OF WHAT COUNTRY		9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
SOCIAL SECURITY NUMBER		13 543-10-0009		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14a Machine Operator		SPOUSE (IF MARRIED, WIDOWED)	
RESIDENCE—STATE		15a Oregon		COUNTY		15b Klamath		CITY, TOWN, OR LOCATION	
FATHER—NAME		16 John		MOTHER—Maiden Name		17 Frankie		INFORMANT—NAME and relationship to deceased	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19a Burial		CEMETERY OR CREMATORY—NAME		19b Eternal Hills Memorial Gardens		18 Helen Bostwick, wife	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20a William F. Davenport		NAME AND ADDRESS OF FACILITY		20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		LOCATION city or town state	
To be Completed by CERTIFYING PHYSICIAN Only		21a [Signature]		NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.)	
								21c 10:55 A.M.	
								21d Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601	
								21e	
								22a APR 14 1981	
								22b [Signature]	
								23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
								(a) Cardio Resp Failure	
								(b) Metastatic Carcinoma	
								(c) Carcinoma of Stomach	
								PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	
								AUTOPSY (Specify Yes or No)	
								24 No	
								WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
								25 No	
								26a No	
								26b No	
								26c No	
								26d No	
								26e No	
								26f No	
								26g No	

IDENT
DEATH
RECORD IN
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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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy RegistrarDate APR 16 1981

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the
21st day of April A.D., 1981 at 10:15 o'clock A M., and duly recorded inVol M81 of Deeds on Page 7123Fee \$ 3.50

EVELYN BROWN

DUPLICATE

By Debra A. Jensen deputy