

18788

CERTIFICATE OF DEATH

Vital Records Unit

Vol. 182 Page 18476

TYPE
 OR PRINT
 IN
 GRAMMENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 AND BOOK

DECEDENT

DEATH
 CERTIFIED IN
 INSTITUTION
 HANDBOOK
 REGARDING
 COMPLETION OF
 DECEASED ITEMS

POSITION

CERTIFIER

CONDITIONS
 IF ANY
 HIGH GAVE
 RISE TO
 IMMEDIATE
 CAUSE
 FATALITY THE
 UNDERLYING
 CAUSE LAST

USE OF
 DEATH

DECEASED—NAME		First		Middle		Last		State File Number	
1 Edwin		Simpson		Bowmer				2 DATE OF DEATH (month, day, year) December 12, 1982	
3 RACE White, Black, American Indian, etc. (specify) White		4 SEX Male		5a AGE—Last birthday (years) 77		5b Under 1 year		6 DATE OF BIRTH (month, day, year) May 14, 1905	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Co. Nursing Home		7c IF HOSP. OR INST. Indicate DOA OP Emer. Rm. Inpatient (Specify) Yes		7d COUNTY OF DEATH Klamath			
8 STATE OF BIRTH (If not in U.S.A., name country) England		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Harriet		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13 SOCIAL SECURITY NUMBER 575-05-9282		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Bookkeeper		14b KIND OF BUSINESS OR INDUSTRY Pineapple Contractor					
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP 97601 1289 Patterson St.		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER—NAME first middle last Ernest Bowmer		17 MOTHER—Maiden Name first middle last Effie Cobb		18 INFORMANT—NAME and relationship to deceased Harriet S. Bowmer - wife		19a LOCATION city or town state Klamath Falls, Oregon			
19b BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		19c CEMETERY OR CREMATORY—NAME Klamath Cremation Service		20a FUNDAL SERVICE LICENSEE (Signature) [Signature]		20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]		21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Dr. F. Geoffrey Marx 2614 Clover Street, Klamath Falls, Oregon 97601		21c DATE SIGNED (Mo., Day, Yr.) 12/13/82		21d HOUR OF DEATH 5:15 A.			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 20 1982		22b REGISTRAR (Signature) [Signature]		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cerebrovascular Disease (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 yr			
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Diabetes, Arteriosclerotic Heart Disease		24a ACCIDENT (Specify Yes or No) No		24b DATE OF INJURY (Mo., Day, Yr.) [Blank]		24c HOUR OF INJURY [Blank]		24d AUTOPSY (Specify Yes or No) No	
25a INJURY AT WORK (Specify Yes or No) No		25b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) [Blank]		25c LOCATION [Blank]		25d STREET OR R.F.D. NO [Blank]		25e CITY OR TOWN [Blank]	
25f STATE [Blank]		25g		25h		25i		25j	

William P. Brandoness
 411 Pine
 K. Falls.

HS-2 (Rev. 1/80)

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 [Signature], Deputy Registrar

Date DEC 20 1982

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 28th day of December A.D., 19 82 at 3:32 o'clock p M and duly recorded in Vol M82, of Deeds on page 18476

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK

by [Signature] Deputy