25159 13022 BOOK 137 PAGE 2414

CERTIFIED COPY OF DEATH RECORD

REEL 313 PAGE 805

'83 JUN 29 PM 2:31

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M83 Page 10180

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 1041

CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEASED—NAME: First: Doris; Middle: S.; Last: BOWEN

2 DATE OF DEATH (month, day, year): August 8, 1980

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

4 SEX: Female

5a AGE—Last birthday (years): 66

5b Under 1 year: months; days

5c Under 1 day: hours; min.

6 DATE OF BIRTH (month, day, year): April 2, 1914

7a CITY, TOWN OR LOCATION OF DEATH: Salem

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Salem Memorial Hospital

7c IF HOSP. OR INST. indicate DOA, OP, Emer., Rm., Inpatient (Specify): inpatient

7d COUNTY OF DEATH: Marion

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Jack T. Bowen

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

13 SOCIAL SECURITY NUMBER: 518-32-6192 A

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

14b KIND OF BUSINESS OR INDUSTRY: State of Oregon

15a RESIDENCE—STATE: Oregon

15b COUNTY: Marion

15c CITY, TOWN, OR LOCATION: Salem

15d STREET AND NUMBER OR R.F.D., ZIP: 1160 Jays Dr. N.E. 97303

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

16 FATHER—NAME first middle last: Herbert G. Drinkwater

17 MOTHER—Maiden Name first middle last: Mable Lavinia Rutherford

18 INFORMANT—NAME and relationship to deceased: Jack T. Bowen, spouse

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

19b CEMETERY OR CREMATORY—NAME: Restlawn Memory Gardens

19c LOCATION city or town state: Salem Oregon

DISPOSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Thomas C. Golden

NAME AND ADDRESS OF FACILITY: T. Golden Mortuary Inc., 605 Commercial St. S.E., Salem

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: Robert F. Granatir, MD

21b DATE SIGNED [Mo., Day, Yr.]: 8-11-80

21c HOUR OF DEATH: 97301 8:29 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Robert F. Granatir, M.D. 4372 Liberty Road So. Salem, Oregon 97302

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: Aug. 12, 1980

22b REGISTRAR [Signature]: Grace Tomlin

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I (a) Metastatic Adenocarcinoma (Primary Unknown) — Interval between onset and death: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(b) — 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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No): no

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

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

400cl

Jack T. & Yvonne Bowen
1508 Greenwood Dr. N.E.
Salem, Oregon 97303

S-2 Rev-1-80

WITNESS MY HAND AND SEAL OF THE STATE OF OREGON
COUNTY OF MARION
DATE AUG 12 1980

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS
By Grace Tomlin DEPUTY

STATE OF OREGON; COUNTY OF KLAMATH; ss
I hereby certify that the within instrument was received and filed for record on the 29th day of June A.D., 1983 at 2:31 o'clock P M and duly recorded in Vol M83, of Deeds on page 10180

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Lee Reeve Deputy