

35777

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
**CERTIFICATE OF DEATH**

TYPE  
IN PRINT  
EMANANT  
BLACK  
INK  
FOR  
DUPLICATIONS  
SEE  
BOOK

IDENT  
DEATH  
OCCURRED IN  
INSTITUTION  
SANDWICH  
SECTION OF  
CERTIFICATE

POSITION

OFFICER

NOTATIONS  
IF ANY  
ICHS GAVE  
NOTE TO  
MEDIATE  
CAUSE  
DURING THE  
DECEASED'S  
LIFE LAST

USE OF  
SEAL

Local File Number 141

DECEASED—NAME First Middle Last  
**JAMES RUSSELL FOWLER**

DATE OF DEATH (month, day, year)  
**2 April 13, 1984**

DATE OF BIRTH (month, day, year)  
**6 September 9, 1899**

RACE White, Black, American Indian, etc (specify)  
**3 White**

SEX  
**4 Male**

AGE—Last birthday (years)  
**5a 84**

Under 1 year Under 1 day  
**5b mos days 5c hours min**

CITY, TOWN OR LOCATION OF DEATH  
**7a Klamath Falls**

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)  
**7b Klamath Co. Nursing Home**

IF HOSP OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)  
**7c Inpatient**

COUNTY OF DEATH  
**7d Klamath**

STATE OF BIRTH (If not in U.S.A. name country)  
**8 Wisconsin**

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

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

SPOUSE (IF MARRIED, WIDOWED)  
**11 Merle Fowler**

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

SOCIAL SECURITY NUMBER  
**13 541-09-9279**

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)  
**14a Retail Office Supply Salesman**

KIND OF BUSINESS OR INDUSTRY  
**14b Office Supplies**

RESIDENCE—STATE  
**15a Oregon**

COUNTY  
**15b Klamath**

CITY, TOWN, OR LOCATION  
**15c Klamath Falls**

STREET AND NUMBER OR R.F.D., ZIP  
**15d 1605 Portland St. 97601**

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

FATHER—NAME first middle last  
**16 William - Fowler**

MOTHER—first middle last (Maiden Name)  
**17 Lily Delora Crandall**

INFORMANT—NAME and relationship to deceased  
**18 Merle Fowler, Wife Mary Lou Beynon, Daughter**

LOCATION City or town State  
**19 Klamath Falls, Oregon**

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

CEMETERY OR CREMATORY—NAME  
**19b Klamath Cremation Service**

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)  
**20a [Signature]**

NAME AND ADDRESS OF FACILITY  
**20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O**

To be completed by CERTIFYING PHYSICIAN Only  
**21a [Signature]**  
NAME AND ADDRESS OF CERTIFIER (Type or Print)  
**21d Jon S. Wayland, M.D., 2301 Mountain View Blvd., Klamath Falls, Oregon 97601**

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
**22a APR 17 1984**

REGISTRAR  
**22b [Signature]**

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  
**23 PART I (a) Cancer prostate**  
DUE TO, OR AS A CONSEQUENCE OF:  
**(b)**  
DUE TO, OR AS A CONSEQUENCE OF:  
**(c)**

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)  
**24**

AUTOPSY (Specify Yes or No)  
**24 No**

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)  
**25 No**

ACCIDENT (Specify Yes or No)  
**26a**

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

HOUR OF INJURY  
**26c**

DESCRIBE HOW INJURY OCCURRED  
**26d**

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

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

LOCATION  
**26g**

STREET OR R.F.D. NO  
**26h**

CITY OR TOWN  
**26i**

STATE  
**26j**

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 APR 17 1984

VOID IF ALTERED

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



Return G. Proctor  
280 Main  
Klamath Falls OR 97601

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., 1984 at 8:54 o'clock AM, and duly recorded in Vol M84 of Deeds on page 6555.

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Fee: \$4.00