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45550

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

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME: First: FORREST; Middle: (NMI); Last: LOWE

DATE OF DEATH (month, day, year): January 29, 1985

DATE OF BIRTH (month, day, year): December 27, 1889

1 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 95

5b Under 1 year: mos / days

5c Under 1 day: hours / min

7d COUNTY OF DEATH: Klamath

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mtn. View Care Center

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

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

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

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Margaret

14b KIND OF BUSINESS OR INDUSTRY: Great Northern Railroad

13 SOCIAL SECURITY NUMBER: 701-12-4413

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

14c STREET AND NUMBER OR R.F.D., ZIP: 1406 Kane Street 97603

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

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

18 INFORMANT—NAME and relationship to deceased: Margaret D. Lowe, wife

16 FATHER—NAME first / middle / last: Luther - Lowe

17 MOTHER—first / middle / last (Maiden Name): Emma - Brinkerhoff

19c LOCATION city or town / state: Klamath Falls, Oregon 9760

19a BURIAL, CREMATION, REMOVAL, MAUS (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Laki Cemetery

20a FUNERAL SERVICE LICENSEE (Person or firm) Acting As Such (Signature): Williams F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

21b DATE SIGNED (Mo., Day, Yr.): January 29, 1985

21c HOUR OF DEATH: 3:25 A.M

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): Craig C Bennett M.D

NAME AND ADDRESS OF CERTIFIER (Type or Print): Craig C. Bennett, MD, Klamath Medical Clinic, 1905 Main St., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

21e DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): JAN 30 1985

22b REGISTRAR (Signature): Marian E. Ackerman

22a (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART II 23 IMMEDIATE CAUSE (a): Natural causes - Senescence — Interval between onset and death: years

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

ACCIDENT (Specify Yes or No): No — 26b DATE OF INJURY (Mo. Day, Yr.) — 26c HOUR OF INJURY — 26d DESCRIBE HOW INJURY occurred — LOCATION — STREET OR R.F.D. NO — CITY OR TOWN — STATE

INJURY AT WORK (Specify Yes or No): No — 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

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 Marian E. Ackerman, Deputy Registrar

Date JAN 29 1985

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 1st day of February A.D., 1985 at 11:55 o'clock A M, and duly recorded in Vol M85 of A D Deeds on page 1748.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 5.00

Ret: Margaret Lowe 1406 Kane Street, Klamath Falls, Oregon 97603