

CERTIFICATE OF DEATH  
ORS - 146

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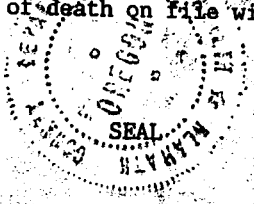
|   |   |  |  |
|---|---|--|--|
| DECEASED - NAME<br>1 <b>Bernard J. HOSER</b>  |   | DATE OF DEATH (month, day, year)<br>2 <b>June 27, 1986</b>   |  |
| RACE White, Black, American Indian, etc.<br>(specify)<br>3 <b>White</b>   | SEX<br>4 <b>Male</b>  | AGE - Last birthday (years)<br>5a <b>80</b>  | Under 1 year<br>5b <b>mo. days</b>                                       |
| CITY, TOWN OR LOCATION OF DEATH<br>7a <b>Klamath Falls</b>  |   | HOSPITAL OR OTHER INSTITUTION - NAME<br>(If not in either, give street and number)<br>7b <b>West Medical Center</b>  |  |
| STATE OF BIRTH (If not in U.S.A.,<br>name country)<br>8 <b>Oregon</b>   | CITIZEN OF WHAT COUNTRY<br>9 <b>U.S.A.</b>  | MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED (specify)<br>10 <b>Married</b>  | SPOUSE (IF MARRIED, WIDOWED)<br>11 <b>Evelyn Summers</b>                 |
| SOCIAL SECURITY NUMBER<br>13 <b>540-12-1854</b>   |   | USUAL OCCUPATION (Give kind of work done during most of<br>working life, even if retired)<br>14a <b>Timber Cruiser</b>   | KIND OF BUSINESS OR INDUSTRY<br>14b <b>Forestry</b>                      |
| RESIDENCE - STATE<br>15a <b>Oregon</b>  | COUNTY<br>15b <b>Klamath</b>  | CITY, TOWN OR LOCATION<br>15c <b>Chiloquin</b>   | STREET AND NUMBER OR R.F.D.<br>15d <b>HC 63 Box 400</b> ZIP <b>97624</b> |
| FATHER - NAME first middle last<br>16 <b>John J. Howser</b>   | MOTHER - first middle last<br>(Maiden Name)<br>17 <b>Anna Jane Yeoman</b>   | INFORMANT - NAME and relationship to deceased<br>18 <b>Evelyn J. Howser, wife</b>  |  |
| BURIAL, CREMATION,<br>REMOVAL, MAUS. (specify)<br>19a <b>Burial</b>   | CEMETERY OR CREMATORY - NAME<br>19b <b>Eternal Hills Memorial Gardens</b>   | LOCATION city or town state<br>19c <b>Klamath Falls, Oregon 97603</b>  |  |
| FUNERAL SERVICE LICENSEE or person acting as such<br>(Signature)<br>20a <b>William F. Davenport</b>   |   | NAME AND ADDRESS OF FACILITY<br>20b <b>Davenport's Chapel of the Good Shepherd,<br/>6420 South Sixth Street, Klamath Falls, Oregon 97603-7194</b>  |  |
| CERTIFICATION - MEDICAL EXAMINER<br>I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:  |   |  |  |
| DEATH OCCURRED (Hour)<br>21a <b>7:45 P.M.</b>   | THE DECEASED WAS PRONOUNCED DEAD<br>21b <b>June 27, 1986</b>  | FROM:<br>21c <b>NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/><br/>HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/></b> |  |
| CERTIFIER (Signature)<br>21d <b>George R. Nicholson, MD</b>   |   | NAME AND TITLE - (Type or Print)<br>21e <b>George R. Nicholson, MD</b>   |  |
| MEDICAL EXAMINER<br>For:<br>21f <b>Klamath</b> County   |   | DATE SIGNED (Month, Day, Year)<br>21g <b>June 29, 1986</b>   |  |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year)<br>22a <b>July 4, 1986</b>  |   | REGISTRAR<br>22b (Signature) <b>Doranne E. Craven</b>  |  |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)<br>PART I<br>(a) <b>Ischemic Infarction Occipital lobe of brain</b> Interval between onset and death <b>12-4 hrs</b><br>(b) <b>Brainstem Occipital lobe of brain</b> Interval between onset and death<br>(c) Interval between onset and death<br>PART II<br>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a) |   |  |  |
| DATE OF INJURY (Month, Day, Year)<br>25a <b>June 24, 1986</b>   | HOUR<br>25b <b>2:06 PM</b>  | HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)<br>25c <b>Single vehicle accident</b>   |  |
| INJ. AT WORK<br>(Specify Yes or No)<br>25d <b>No</b>  | PLACE OF INJURY - At home, farm, street,<br>factory, office building, etc. (Specify)<br>25e <b>Highway 97 North</b> | LOCATION<br>(Street or R.F.D. No., City or Town, County, State)<br>25f <b>M.P. 236, North of Klamath Falls, Klamath, Oregon</b>  |  |
| DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>  |   | WAS GIFT MADE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>  |  |
| RESERVED FOR REGISTRAR'S USE  |   |  |  |

ORIGINAL-VITAL STATISTICS COPY

45-107 Rev. 1-86

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 **Doranne E. Craven** Deputy Registrar

Date **July 4, 1986**

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ day  
of \_\_\_\_\_ July \_\_\_\_\_ A.D., 19 \_\_\_\_\_ 86 at \_\_\_\_\_ 4:24 o'clock P \_\_\_\_\_ M., and duly recorded in Vol. \_\_\_\_\_ M86  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page \_\_\_\_\_ 11914

FEE \$5.00

Ret: Evelyn Howser

HC 63, Box 400, Chiloquin, Ore. 97624

Evelyn Biehn, County Clerk  
By **Don Smith**