

84481

KTC-4032

CERTIFICATE OF DEATH

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STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
COYETTE		J		BOWLING	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Male		White		April 21, 1918	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Ok.		Coyette Smith Bowling TX		Jonnie Smith TX	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS UNDER MILITARY (GIVE DATES OF SERVICE)		12. SOCIAL SECURITY NUMBER	
USA		19 TO 18		555-16-1500	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER OF SELF-EMPLOYED, DO STATE	
Truck Driver		25		Delta Lines	
16. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME(S)		17. KIND OF INDUSTRY OR BUSINESS		18. CITY OR TOWN	
Betty Freels		Freight Transportation		Oakdale	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
1014 East F St. Space 12				Oakdale	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Stanislaus		California		Betty Bowling-Wife	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN	
Oakdale Conv. Hospital		Stanislaus		1014 East F St. Space 12	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE	
275 South Oak St.		Oakdale		Oakdale, California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE				NO	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Cardio respiratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(B) Sudden and stage pulmonary disease		10 YRS	
		(C) Circumstances not related to death		1 YR	
25. WAS AUTOPSY PERFORMED?		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
NO					
25A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		25B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		25C. DATE SIGNED	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		25D. TYPE PHYSICIAN'S NAME AND ADDRESS		25E. PHYSICIAN'S LICENSE NUMBER	
02-26-79		6-7-85 Richard D. Gage, M.D., 1415 West H Oakdale Ca		6-14-85 627065	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE H.E.D. AN (INQUEST-INVIGATION)		34B. CORONER—SIGNATURE AND DEGREE OR TITLE		34C. DATE SIGNED	
35. DISPOSITION		36. DATE—MONTH, DAY, YEAR		37. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		June 17, 1985		Ceres California Ceres Crematory	
38. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		39. LICENSE NO.		40. LOCAL REGISTRAR—SIGNATURE	
Oakdale Memorial Chapel		764		Kam Kelly MDg	
41. DATE ACCEPTED BY LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR			
JUN 17 1985					
STATE REGISTRAR		A.		B.	
		C.		D.	
		E.		F.	

VS-11(1)-210

I certify this instrument to be a true certified copy of the record in this office.

ATTEST: JUN 17 1985
After recording return to:
Betty Bowling
P.O. Box 333
Columbia, Calif. 95310

Kam Kelly MDg

LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Klamath County Title Company the 18th day
Filed for record at request of February A.D., 19 83 at 2:48 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 2346.

FEE \$5.00

Evelyn Biehn, County Clerk
By Kam Kelly MDg