42515 Vol. M92 Page 5984

PERMANENT BLACK INK

F5638 I. D. TAG NO.

106 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Richard; Middle Mathew; Last KOWALIS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 7, 1992
4. SOCIAL SECURITY NUMBER: 330-14-1911
5a. AGE - Last Birthday (Years): 70
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Hartshorne, Oklahoma
7. DATE OF BIRTH (Month, Day, Year): July 1, 1921
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Bay Area Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Coos Bay
9d. COUNTY OF DEATH: Coos
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retail Sales
10b. KIND OF BUSINESS/INDUSTRY: Hardware Store
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Betty Jean
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Coos
13c. CITY, TOWN, OR LOCATION: Lakeside
13d. STREET AND NUMBER: 615 Tierra St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97449
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Mathew Kowalis
18. MOTHER - NAME first middle maiden: Nellie Gricus

INFORMANT

19. INFORMANT - NAME and relationship to deceased: Betty Jean Kowalis, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Ocean View Cemetery
20c. LOCATION - City or Town, State: Coos Bay, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Bill Kleinwood
21b. LICENSE NUMBER (Of Licensee): 3356
22. NAME, ADDRESS AND ZIP OF FACILITY: North Bend Chapel, 2014 McPherson st., North Bend, OR 97459

REGISTRATION

23. DATE FILED (Month, Day, Year): March 10, 1992
24. REGISTRAR'S SIGNATURE: Gloria Maxwell
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:35 A.M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): March 9, 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert B. Bolin, M.D.; 1890 Waite St., Suite 1; North Bend, Oregon 97459
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Pulmonary Embolism — Interval between onset and death: 1 wk
DUE TO, OR AS A CONSEQUENCE OF:
(b) Ascites and retroperitoneal lymphadenopathy — Interval between onset and death: 3 month
DUE TO, OR AS A CONSEQUENCE OF:
(c) Lymphoma — Interval between onset and death: 6 mo

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE COOS COUNTY REGISTRAR.

DATE ISSUED MAR 10 1992

45-2 REV 3-90

G. R. Bassett M.D.
G. R. BASSETT, M.D.
COUNTY REGISTRAR
COOS COUNTY, OREGON

'92 MAR 23 AM 11 00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Sisemore the 23rd day of March A.D., 19 92 at 11:00 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 5984.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00

Return: Betty Kowalis
P.O. Box 371, Lakeside, Or. 97449