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TYPE OR PRINT IN PERMANENT BLACK INK

180037 I.D. TAG NO.

4/6 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First: Asier; Middle: -; Last: BOWMAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 21, 1994
4. SOCIAL SECURITY NUMBER: 440 22 6739
5a. AGE-Last Birthday (Years): 87
5b. Under 1 Year: Mos. / Days / Hours
5c. Under 1 Day: Min.
6. BIRTHPLACE (City and State or Foreign Country): Elsinore, Missouri
7. DATE OF BIRTH (Month, Day, Year): September 01, 1907
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9. PLACE OF DEATH: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
10. ☐ Hospital ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street address): 2804 Bisbee
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Trucking
10b. KIND OF BUSINESS/INDUSTRY: Logging
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Faye
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2804 Bisbee
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97603
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): 8; College (1-4 or 5+):
17. FATHER - NAME first middle last: Charles Newton Bowman
18. MOTHER - NAME first middle maiden: Delia Ada Hill
19. INFORMANT - NAME and relationship to deceased: Faye Bowman / Wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. LICENSE NUMBER (Of Licensee): 0329
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR / 97601
23. DATE FILED (Month, Day, Year): SEP 22 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simmons
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 22:30 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): 09/22/94

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: Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, OR / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) For mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Small cell Lung Cancer — Interval between onset and death: 20 months
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 resulting in the underlying cause given in PART I.
Chronic obstructive pulmonary disease

37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
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

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ORIGINAL VITAL STATISTICS COPY

45-2 Rev.

DATE ISSUED: SEP 22 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Faye Bowman the 27th day of Oct A.D., 19 94 at 1:24 o clock P.M., and duly recorded in Vol. M94, of Deeds on Page 33382.

Evelyn Biehn - County Clerk

FEE $10.00

By Darlene Mullendore

Return: Faye Bowman, 2804 Bisbee, Klamath Falls, 97603