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10-19-95P02:04 RCD

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TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK200026  
I.D. TAG NO.  
501  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 138-

State File Number

1. DECEDENT'S NAME First: Alfred Middle: Errol Last: BOWLBY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 13, 1995
4. SOCIAL SECURITY NUMBER 029-16-1685		5a. AGE Last Birthday (Years) 76	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Sommerville, MA
7. DATE OF BIRTH (Month, Day, Year) March 7, 1919		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9. FACILITY NAME (If not institution, give street and number) 8744 Bly Mountain Cut-off Road				
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mail Transporter			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Patsy E.			13. CITY, TOWN, OR LOCATION OF DEATH Bonanza	
14. RESIDENCE - STATE Oregon			15. STREET AND NUMBER 8744 Bly Mountain Cut-off Road	
16. COUNTY OF DEATH Klamath			17. RACE American Indian, Black, White, etc. (Specify) White	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
20. ZIP CODE 97623			21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
22. FATHER - NAME first middle last Fred - Bowlby			23. MOTHER - NAME first middle maiden Eva - Clark	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza Community Park Cemetery	
26. LOCATION - City or Town, State Bonanza, OR 97623			27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sheila D. Davenport</i>	
28. DATE FILED (Month, Day, Year) OCT 16 1995			29. LICENSE NUMBER (Of Licensee) FS-0124	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			31. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
32. DATE SIGNED (Month, Day, Year) October 16, 1995			33. REGISTRAR'S SIGNATURE <i>Lucy L. Johnson</i>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD, ME, 4509 South Sixth Street, Klamath Falls, OR 97603			35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mark E. Bradley, MD, VA Hospital, Roseburg, Oregon 97470	
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) Unknown Natural Causes DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)			37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DATE OF INJURY (Month, Day, Year)			41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

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ORIGINAL VITAL STATISTICS COPY

OCT 16 1995

DATE ISSUED:

Janet Bailey-Gober  
JANET BAILEY-GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patsy E. Bowlby the 19th day  
of October A.D., 19 95 at 2:04 o'clock P M., and duly recorded in Vol. M95,  
of Deeds on Page 28571.

Bernetha G. Letsch, County Clerk

FEE \$10.00

Return: Patsy Bowlby  
P.O. Box 303  
Bonanza, OR 97623By Annette Mueller