

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SHASTA

2650 BRESLAUER WAY  
REDDING, CALIFORNIA 96001

305201206628

#### CERTIFICATE OF DEATH

320124500607

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CHARLES</b>		2. MIDDLE <b>SMART</b>		3. LAST (Family) <b>BOWER</b>			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>08/12/1919</b>		5. AGE Yrs. <b>92</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>NM</b>		10. SOCIAL SECURITY NUMBER <b>084-16-5684</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		7. DATE OF DEATH mm/dd/yyyy <b>04/08/2012</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MECHANIC</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HEATING AND AIR CONDITIONING</b>			19. YEARS IN OCCUPATION <b>20</b>		
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2120 BENTON DR.</b>							
21. CITY <b>REDDING</b>		22. COUNTY/PROVINCE <b>SHASTA</b>		23. ZIP CODE <b>96003</b>	24. YEARS IN COUNTY <b>0</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>KENNETH BOWER, SON</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4325 SOUNDING BROOK CT., REDDING, CA 96001</b>			
28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>			
31. NAME OF FATHER/PARENT-FIRST <b>KENNETH</b>		32. MIDDLE <b>DEWITT</b>		33. LAST <b>BOWER</b>		34. BIRTH STATE <b>KS</b>	
35. NAME OF MOTHER/PARENT-FIRST <b>CHARLOTTE</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>SMART</b>		38. BIRTH STATE <b>KS</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>04/11/2012</b>		40. PLACE OF FINAL DISPOSITION <b>NORTHERN CALIFORNIA VETERANS CEMETERY 11800 GAS POINT RD., IGO, CA 96047</b>					
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>				43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>ALLEN &amp; DAHL FUNERAL CHAPEL</b>		45. LICENSE NUMBER <b>FD-516</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ ANDREW W DECKERT, MD</b>		47. DATE mm/dd/yyyy <b>04/11/2012</b>	
101. PLACE OF DEATH <b>CANYONWOOD NURSING AND REHAB CENTER</b>				102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>SHASTA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2120 BENTON DR.</b>				106. CITY <b>REDDING</b>	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) UNKNOWN TYPE PNEUMONIA</b>						108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>3 DAYS</b>	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) DEBILITY</b>						109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES MELLITUS TYPE II, DEPRESSION, DECUBITUS SACRUM, URINARY TRACT INFECTION, BENIGN PROSTATIC HYPERTROPHY, ARTHRITIS</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ THAN TUN AUNG M.D.</b>		116. LICENSE NUMBER <b>A61610</b>		117. DATE mm/dd/yyyy <b>04/10/2012</b>	
(A) mm/dd/yyyy <b>11/02/2011</b>		(B) mm/dd/yyyy <b>04/05/2012</b>		118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>THAN TUN AUNG M.D. 2421 OLD EUREKA WAY, REDDING, CA 96001</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined						120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy							
122. HOUR (24 Hours)							
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>▶</b>				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SHASTA

SS DATE ISSUED **APR / 12 / 2012**

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office.

*Andrew W. Deckert*  
ANDREW W. DECKERT, M.D., M.P.H.  
REGISTRAR OF VITAL STATISTICS  
SHASTA COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PBNC0 (Rev) 09/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

