

CERTIFICATION OF VITAL RECORD

140252

CITY OF AUSTIN

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

1 NAME OF DECEASED (last, first, middle) Lyle Raydon Bowen
 2 SEX Male
 3 DATE OF DEATH January 7, 1990

4 RACE Caucasian
 5a WAS THE DECEASED OF HISPANIC OR L.A. descent? YES NO
 6 DATE OF BIRTH 6-5-1923
 7 AGE (in years last birthday) 66
 8 IF UNDER 1 YEAR (Month, Day, Hour, Minute)
 9 IF UNDER 24 HRS (Month, Day, Hour, Minute)

10 SOCIAL SECURITY NUMBER 310-18-2749
 11 PLACE OF DEATH (Check only one)
 HOSPITAL Inpatient Outpatient OPCA OTHER Nursing Home Residence Other (Specify)

12a PLACE OF DEATH - COUNTY Travis
 12b CITY OR TOWN (if outside city limits, give precinct number) Austin
 13 NAME OF HOSPITAL OR INSTITUTION 4703 Cap Rock Drive
 14 INSIDE CITY LIMITS? YES NO

15a BIRTHPLACE (City and State or foreign country) Yale, Illinois
 11 CITIZEN OF WHAT COUNTRY? U.S.A.
 12 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO
 13 MARRIED NEVER MARRIED DIVORCED WIDOWED
 14 SURVIVING SPOUSE (if wife, give maiden name) Edna Heuer

15 DECEASED'S EDUCATION (highest grade completed) 12
 15a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)
 15b KIND OF BUSINESS OR INDUSTRY
 Sales Real Estate

17a RESIDENCE - STATE Texas
 17b COUNTY Travis
 17c CITY OR TOWN (if outside city limits, give rural ZIP CODE) Austin 78735

17d STREET ADDRESS (if rural, give location) 4703 Cap Rock Drive
 17e INSIDE CITY LIMITS? YES NO

18 FATHER'S NAME Lee Bowen
 19 MOTHER'S MAIDEN NAME Gracia Fouty

20 SIGNATURE OF INFORMANT Edna Bowen
 20a MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4703 Cap Rock Drive Austin, Texas 78735

21 MANNER OF DEATH
 Natural Pending Investigation Accident Suicide Homicide
 22a DATE OF INJURY (Month, Day, Year)
 22b TIME OF INJURY
 22c INJURY AT WORK? YES NO
 22d DESCRIBE HOW INJURY OCCURRED

23a PLACE OF INJURY (at home, farm, street, factory, office, etc.)
 23b LOCATION (Street and Number or Rural Route Number, City or Town, State)

23c To the best of my knowledge, death occurred on the date, time, and place stated (due to the causes) and was not stated (due to the causes) in any manner as stated (Signature and Title)
 23d DATE SIGNED (Mo., Day, Yr.) 1-9-90
 23e HOUR OF DEATH
 24a On the basis of my personal investigation, it is my opinion death occurred at the time, date, place, and cause (due to the causes) as stated (Signature and Title)
 24b DATE SIGNED (Mo., Day, Yr.) 1-9-90
 24c HOUR OF PRONOUNCED
 24d PRONOUNCED DEAD (Mo., Day, Yr.) ON 1-7-90
 24e PRONOUNCED DEAD (hours) AT 9:43 p. M.

25 MAILING ADDRESS OF CERTIFIER (Type of Firm) P. O. BOX 1748 Austin, Texas 78767

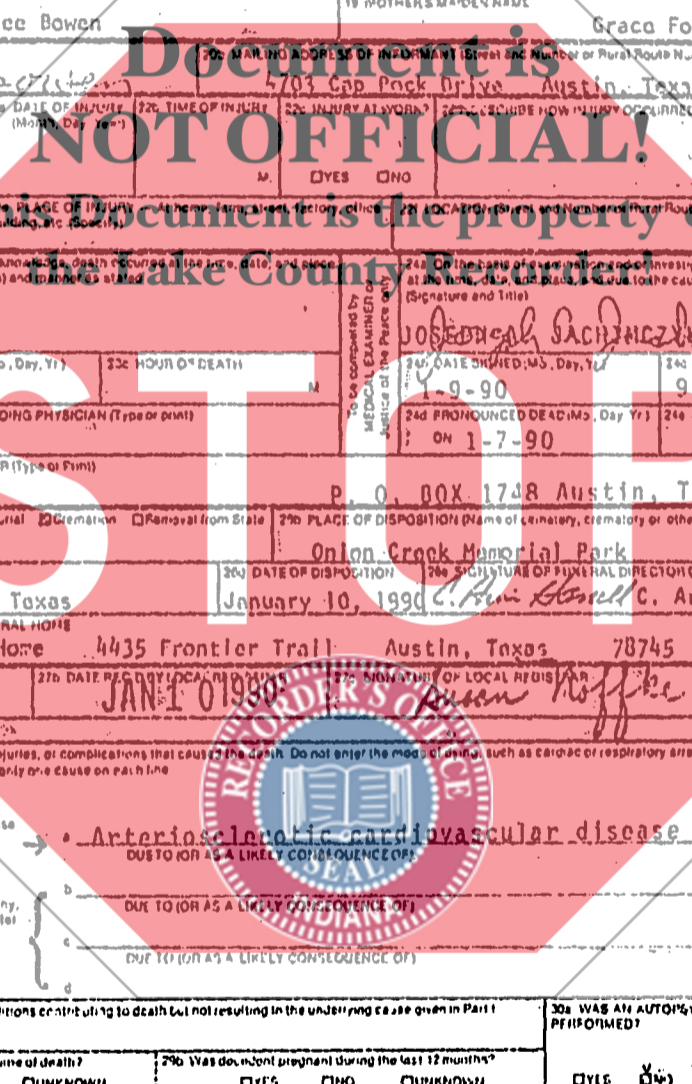
26a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)
 26b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Onion Creek Memorial Park
 26c LOCATION - City or Town, State Austin, Texas
 26d DATE OF DISPOSITION January 10, 1990
 26e SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH C. Arvin Harrell C. Arvin Harrell 5717

27a NAME AND ADDRESS OF FUNERAL HOME Harrell Funeral Home 4435 Frontier Trail Austin, Texas 78745

27b REGISTRAR'S FILE NO. 017
 27c DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1990
 27d SIGNATURE OF LOCAL REGISTRAR Susan HOFFKE

28 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
 IMMEDIATE CAUSE (if final cause or condition resulting in death) → Arteriosclerotic cardiovascular disease
 DUE TO (OR AS A LIKELY CONSEQUENCE OF)
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 DUE TO (OR AS A LIKELY CONSEQUENCE OF)
 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
 29a Was decedent pregnant at time of death? YES NO UNKNOWN
 29b Was decedent pregnant during the last 12 months? YES NO UNKNOWN
 30a WAS AN AUTOPSY PERFORMED? YES NO
 30b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES NO

Approximate Interval Between Onset and Death: Unknown



Key # 17-209-37
 P+ W, 1/3 SE 1/4 NE 1/4
 C/4 G. S. of Rd. S. 1 T. 35 R. 8 2, 70 A.C.

JAN 10 1990
 3742

INDIANA DIVISION

STATE OF INDIANA/S.S. NO. 1
 FILE NO. 60890

DEC 21 10 05 AM '90
 ROBER. RECORDER

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

FILED

Date Issued
 JAN 10 1990 DEC 20 1990

LOCAL REGISTRAR
 Susan HOFFKE

Do not accept unless prepared on security paper which CITY OF AUSTIN appears in blue ink continuously as a band throughout document. NOT VALID WITHOUT RAISED SEAL OF OFFICE.

AUDITOR LAKE COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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