13665

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M-67 Page 2878

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 110

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Joe — Middle: — — Last: Snyder

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 57 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Ponderosa Nursing Home

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2934 Cortez St.

4. DATE OF DEATH — Month: April — Day: 14, — Year: 1967

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 543-10-0842

9. USUAL OCCUPATION (Kind of work done during most of life): Retired Sawyer

10. KIND OF BUSINESS OR INDUSTRY: Lumber

11. NAME OF SPOUSE: Elanor Snyder

12. DATE OF BIRTH — Month: May — Day: 21, — Year: 1882

13. AGE LAST BIRTHDAY — Yrs.: 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Minneapolis, Minnesota

15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: No Record

18. MAIDEN NAME OF MOTHER: No Record

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Leo Snyder, son

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial Infarction — Interval Between Onset and Death (Years, days, hours, etc.): 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Arteriosclerotic Heart Disease
DUE TO (C):
PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): 1. Anemia 2. Abdominal aneurysm

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy Performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

25B. City — County — State

26. TIME OF INJURY — Hour — a.m. p.m. — Month — Day — Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I attended the deceased from 3-1-67 to 4-14-67 and that the death occurred at 0:35a from the causes and on the date stated above.
> Everett E. Howard, M.D. (Signature) — 613 Med. Dent. (Title) — Klamath Falls, Oregon (Address) — 4-17-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ ☐ ☐ ☐

30B. DATE: 4-17-67

30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary Cemetery

30D. LOCATION (City or Town) — State: Klamath Falls, Ore.

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-17-67

32. REGISTRAR'S SIGNATURE: > Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's > Mike O'Hair 515 Pine, K. Falls, Ore.

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By [signature] Deputy

Date April 18, 1967 19

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }

Filed for record at request of:
Robert Snyder
on this 24 day of April A.D. 1967
at 12:26 o'clock P M. and duly
recorded in Vol. M-67 of Deeds
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DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50