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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M 77 Page 6938

177
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: HELEN Middle: MURRAY Last: SNEAD
2. DATE OF DEATH (month, day, year): 12 May 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—last birthday (years): 58
5b. Under 1 Year: mos. days
5c. Under 1 Day: hours min.
6. DATE OF BIRTH (month, day, year): 11 January 1914
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): DOA Presbyterian Intercommunity
8. STATE OF BIRTH (if not in U.S.A. name of country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Joe Snead
12. SOCIAL SECURITY NUMBER: 561-48-3928
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR RFD: 323 Commercial Street
15. FATHER—NAME first middle last: Robert — Murray
16. MOTHER—Maiden Name first middle last: Daisy — Short
17. INFORMANT—NAME and relationship to deceased: Joe Snead (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

18. Immediate Cause
(a) Arteriosclerotic heart disease — years
due to, or as a consequence of:
(b) Coronary occlusion — immediate
due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a): Obesity
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death.

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year)
20b. HOUR M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): DOA 9:55 A. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD month day year hour: May 12 1972 9:55 A. M.
21c. FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

22a. CERTIFIER—SIGNATURE: Neil Black M.D.
22b. NAME—(type or print): Neil Black, M.D.
Degree or Title
DATE SIGNED (month, day, year): 15 May 72
23. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24c. LOCATION city or town state: Ashland, Oregon
24d. DATE (month, day, year): 15 May 1972
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Sherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: May 15, 1972
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE
RLM

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

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. Return MTC

(SEAL)

NEIL BLACK, M.D., Registrar Vital Statistics

By Marian Sherman, Deputy Registrar
Date MAY 15 1972 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of April A.D., 19 77 at 3:22 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 6938.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy