THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE.
BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
February 11, 1981
CERTIFICATION FEE: $3.00
BY: Karen Lara
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

16436 — CERTIFICATE OF DEATH — STATE OF CALIFORNIA — 4300-00142 — Vol. M 82 — 13846

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Bennie	1B. MIDDLE: Ruth	1C. LAST: SNITZER	2A. DATE OF DEATH (MONTH, DAY, YEAR): January 6, 1981	2B. HOUR: 1620
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: April 21, 1935	7. AGE: 45 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): TX	9. NAME AND BIRTHPLACE OF FATHER: Harvey Cunningham - TX		10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mabel Minyard - OK		
11. CITIZEN OF WHAT COUNTRY: U.S.A	12. SOCIAL SECURITY NUMBER: 562-44-2628	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Bob Switzer		
15. PRIMARY OCCUPATION: Plater Processor	16. NUMBER OF YEARS THIS OCCUPATION: 15	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Varian Associates	18. KIND OF INDUSTRY OR BUSINESS: Electronics		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2151 Oakland Road Space 255	19B. SD4303		19C. CITY OR TOWN: San Jose		
19D. COUNTY: Santa Clara	19E. STATE: CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Bob Switzer (Spouse) 2151 Oakland Road #255 San Jose, CA 95131		
21A. PLACE OF DEATH: El Camino Hospital	21B. COUNTY: Santa Clara				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2500 Grant Road	21D. CITY OR TOWN: Mountain View				

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Metastatic cat all Lung cancer — DUE TO, OR AS A CONSEQUENCE OF — 18

(B) — DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? no

25. WAS BIOPSY PERFORMED? yes

26. WAS AUTOPSY PERFORMED? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Biopsy, radiation DATE: yes 8/79

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.): 6/15/79	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 1/6/81	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Lawrence G. Williams M.D.	28C. DATE SIGNED: 1/7/81	28D. PHYSICIAN'S LICENSE NUMBER: G17910
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS: L.A. Williams, M.D. 1515 South Dr. Mountain View, CA		

29. SPECIFY ACCIDENT, SUICIDE, ETC. — 30. PLACE OF INJURY — 31. INJURY AT WORK — 32A. DATE OF INJURY—MONTH, DAY, YEAR — 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) — 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION: Burial	37. DATE—MONTH, DAY, YEAR: Jan. 9, 1981	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Mission City Memorial Park, Santa Clara, CA	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6776 Tarah Steele
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Santa Clara Funeral Home	41. LOCAL REGISTRAR—SIGNATURE: B. Giansiracusa M.D.		42. DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1981

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 18 day of Oct A.D.,19 82 at 2:37 o'clock P M and duly recorded in Vol M 82, of Deeds on page 13846

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy