	F 2000	,	GON DE	HFA'	ENT OF HUMAN LTH DIVISION	THESU	UHUES				
(Sec. 1): L	1.D. TAG NO.	· ¬		Vital	Records Unit	гн	136-	Ste	te File Number		TO TO
2	Local File Numb	·er	Midd		Last			SEX	June 24	TH (Month, Day, Year)	
1	1 DECEDENT'S Fust	la	Do	ra		DER	ACE (City and	State or Foreign	DATE OF BIR	TH (Month, Day, Year)	
	4 SOCIAL SECURITY NU	MBER 5a AGE - Last (Years)	Buthday 5b. 73 Mos	Under 1 Yes	Hours Mins	1 Muse	i, Oklai	noma	repruar	y 3, 13.0	
1	543-16-1779	1 IN			TOTHER.		me L Dece	tent's Home	Other (Specify)	COUNTY OF DEATH	
EDENT	U.S. ARMED FORCES? (1) Yes (1) No. 30 FACILITY NAME (III II	HOSPITAL 17 1	npatient []	ER/Outpatier	loc CITY.	TOWN, OF	Ealle)F DEATH	i i	Clamath	
	2928 Patte	erson Stre	et		USINESSANDUSTRY	lamatri		TATUS - Marite ed, Widowed, pecify)	d. 12 SPOUSE (II	Married, Widowed)	
	10a DECEDENT'S USUA (Give kind of work of tite Do not use retir	L OCCUPATION tone during most of red t	working				Widow	ed	Charles	1. Snyder	-
	Homemake	er		OW	VN Home		13d STREET	AND NUMBER	on Street		
	13a RESIDENCE - STAT		in l	Klama	th Falls	lis BAC	1	ian,	16 DECEDENT	t orade completed)	_
		31. ZIP CODE		EDENT OF H	HISPANIC ORIGIN? yes, specify Cutian, n, etc.) [2] No [2] Yes	Black	Mhile, etc. (Specify) (2	ntary/Secondary (0 12) College (1 4 or 5+1	
	LIMITS?	97603	Specify:				hite	IN INFORMAL	9 IT - NAME and rel	ationship to deceased ler Son	•
	17. FATHER - NAME (III		last 18	MOTHER .	NAME first middle	maide		Robert	M. Snyc	ier Son	-
RENTS		Newsom	oleum 20	NOTA	- Chaffin F DISPOSITION (Name of	cemetery, o	crematory, or	20c LOCATIO	N - City oz Town, S	O	
POSITION	[] Burial & Cremat	tion [] Removal from	m State	Klam		- 602	/ice	Niamo		Oregon	_
	[] Donation [] Other	er (Specify)			21b LICENSE NUMBER	22. NA	ME, ADDRES	Funeral	Chapel	Falls OR 9766	01
	PERSON ACTINO	AS SUCH	All.	•	3287	51	5 Pine	Street,	Kiamatn	Falls, OR 9760	-
	23 DATE FILED IMON	ith, Day, Year		_~		19	GISTRAR'S SIG	Kenne	dy		_
GISTRA	R NO VOCOVAL S	JUN 2	5 1991 AKE REQUEST	FOR ANAT	OMICAL GIFT CONSENT?	26 W	AS GIFT MAD		U		-
i	1) YES X	NO [] N/A								EVAMINER	
`		O BE COMPLETED	BY CERTIFYIN	O PHYSICIA	AN	31a TIM	TO BE C	OMPLETED OF	HONOUNCEU DE	AD (Month, Day, 1441, No.	iu.
	27. TIME OF DEATH	28 WAS M	EDICAL EXAM	HAEK HOTH				whatler soll	y investigation, in	my opinion death occurred	M
	9:10	A (Xres my knowledge, death	occurred at t	he time, date	e, place and	32. On at 1	the basis of ex- he time, date, (Signature)	place and due	to the cause(s) an	my opinion death occurred id manner stated	
ERTIFIE	due to the cade	my knowledge, dealing	RIA	U	M.D.	il.	-	nth, Day, Year)		COUNTY	
	30 DATE SIGNED (A	Month, Day, Year	100	50	4	33 DATI	E SIGNED (MO				_
?	- Juga	DORESS AND ZIP O	F CERTIFIER	MEDICAL EX	(AMINER (Type or Print)	+ noc+	Klam	ath Falls	s, Oregor	97601	
	Charles	D. Bury	M.D.	2300	Clairmont S	HEEL					
ONDITION	35 NAME OF ATTE				(a), (b), AND (c)) Do not ent	er mode of	dying, e.g. Can	diac or Respira	ory Arrest	interval between ons	iet .
IF ANY WHICH GI		JSEIENTER ONLY O	NE CAUSE PE	ALINE FOR	V1					Interval between ons	set
MIMERIA	HE PART (a) OUE TO, OR	AS A CONSEQUENT	CE OF:	J	+ 71	11.	$\sqrt{2}$	تعلما	<u>u</u>	Interval between on:	sel
CAUSE TAIING T	ST (1	() () () () () () () () () () () () () (w	ma 1	<u></u> 00			•	and death	
IINDERLTI		AS A CONSEQUEN				37.	Did tobacco	use contribute	38. AUTOPSY	39 If YES were findings cons in determining cause of di	lidered leath?
CAUSE LA	OF I		ONS . In but not relat	ed to cause	given in PART I	1	in the death	17	tes XNO	□ Yes □ No □ No	<u> </u>
CAUSE LA	OF I	NIFICANT CONDITION CONTRIBUTION				10	1. DESCRIBE	HOW INJURY C	CCURRED	1	
CAUSE LA	OF I	NIFICANT CONDITION			TIME OF THE IN III	RY 410					
CAUSE DEAT	PART OTHER SIG	DEATH	41s. DATE OF (Month, Da		11.00	VORK?					State)
CAUSE DEAT	PART OTHER SIGNATION OF THE CONTROL OF T	DEATH Pending Investigation	41s. DATE OF (Month, Da	ly, Yearl	INJURY AT W	VORK?		Street and Nur	nber or Rural Rout	te Number, City or Town.	
CAUSE DEAT	OF H PART OTHER SIG	DEATH Pending Investigation Undetermined Manner	41s. DATE OF (Month, Da	ly, Yearl	INJURY AT W	VORK?		Street and Nut	nber or Rural Rou	te Number, City or Yown,	
CAUSE DEAT	PART OTHER SIG	DEATH Pending Investigation	41s. DATE OF (Month, Da	IV. Years	INJURY AT W	VORK?		Street and Nut	nber or Rural Rou	te Number, City or Town. !	
CAUSE LA CAUSE LA DEAT	PART OTHER SIG	DEATH [] Pending Investigation [] Undetermined Manner [] Legal Intervention REGISTRAR'S USE	41s. DATE OF (Month, Da 41e. PLACE C building,	of Injury - A etc. (Specify	IA Ves	york?	r. LOCATION		nber or Rural Rout		
CAUSE DEAT	PART OTHER SIG	DEATH Pending Investigation Undetermined Manner E Legal Intervention REGISTRAR'S USE	41s. DATE OF (Month, Da	of INIURY - A etc. (Specify	IA C Yes	No ry, office 41	EARLYP'	Y		45 ? REV	
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