CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

56771

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Vol. M93 Page 1788

Oregon
STATE HEALTH DIVISION
Dept. of Human Resources

CERTIFICATE OF DEATH

83-017165

Vital Records Unit

361
Local File Number

State File Number

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	DOROTHY L. SNYDER
2. DATE OF DEATH (month, day, year)	October 7, 1983
3. RACE	White
4. SEX	Female
5a. AGE—Last birthday (years)	63
5b. Under 1 year (mos, days)	
5c. Under 1 day (hours, min)	
6. DATE OF BIRTH (month, day, year)	May 17, 1920
7a. CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME	West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient	Inpatient
7d. COUNTY OF DEATH	Klamath
8. STATE OF BIRTH	Iowa
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Married
11. SPOUSE	William Snyder
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
13. SOCIAL SECURITY NUMBER	544-12-1652
14a. USUAL OCCUPATION	Housewife
14b. KIND OF BUSINESS OR INDUSTRY	Homemaking
15a. RESIDENCE—STATE	Oregon
15b. COUNTY	Klamath
15c. CITY, TOWN, OR LOCATION	Dairy
15d. STREET AND NUMBER OR R.F.D., ZIP	P.O. Box 203, 97625
15e. Inside City Limits	No
16. FATHER—NAME	John A. Hobson
17. MOTHER—Maiden Name	Mary R. Smith
18. INFORMANT—NAME and relationship to deceased	Suzanne Orsulich, daughter
19a. BURIAL, CREMATION, REMOVAL, MAUS.	Burial
19b. CEMETERY OR CREMATORY—NAME	Lost River Cemetery
19c. LOCATION (city or town, state)	Bonanza, Oregon 97623
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature)	Jean A. Davenport
20b. NAME AND ADDRESS OF FACILITY	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	E. McClure
21b. DATE SIGNED	10/7/83
21c. HOUR OF DEATH	12:45 AM
21d. NAME AND ADDRESS OF CERTIFIER	Edward T. McClure, MD, 2301 Clairmont, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
22a. DATE RECEIVED BY REGISTRAR	OCT 10 1983
22b. REGISTRAR (Signature)	Katherine E. Arnett
23. PART I (a) IMMEDIATE CAUSE	Cardiorespiratory arrest.
(b) DUE TO, OR AS A CONSEQUENCE OF	Metastatic cancer
(c) DUE TO, OR AS A CONSEQUENCE OF	
PART II OTHER SIGNIFICANT CONDITIONS	
24. AUTOPSY	No
25. WAS MEDICAL EXAMINER NOTIFIED	No
26a. ACCIDENT	No
26b. DATE OF INJURY	
26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK	No
26f. PLACE OF INJURY	
26g. LOCATION	

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JAN 15 1993

Edward J. Johnson II
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 25th day of Jan. A.D., 19 93 at 2:20 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 1788.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00
Return: Neal G. Buchanan
601 Main St., Klamath Falls, Or. (#215)