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I.D. TAG NO.
391
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

0

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1. DECEDENT'S NAME: **Marjorie Marie SNOW** 2. SEX: **Female** 3. DATE OF DEATH (Month, Day, Year): **August 15, 1996**

4. SOCIAL SECURITY NUMBER: **517-30-5443** 5a. AGE-Last Birthday (Years): **75** 5b. Under 1 Year: **Mos.** 5c. Under 1 Day: **Hours** 6. BIRTHPLACE (City and State or Foreign Country): **Helena, Montana** 7. DATE OF BIRTH (Month, Day, Year): **November 7, 1920**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☒ EPOutpatient ☐ DDA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) _____

9b. FACILITY NAME (If not institution, give street and number): **Marle West Medical Center** 9c. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls** 9d. COUNTY OF DEATH: **Klamath**

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Teacher** 10b. KIND OF BUSINESS/INDUSTRY: **Secondary Education** 11. MARITAL STATUS - Married: **Married** 12. SPOUSE (If Married, Widowed, Divorced (Specify)): **Howard Snow**

13a. RESIDENCE - STATE: **Oregon** 13b. COUNTY: **Klamath** 13c. CITY, TOWN OR LOCATION: **Klamath Falls** 13d. STREET AND NUMBER: **1521 Sargent Avenue**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes **White** 15. RACE American Indian, Black, White, etc. (Specify): **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed): **5+**

17. FATHER - NAME first middle last: **John Bernard Poepping** 18. MOTHER - NAME first middle maiden: **Bertha Kelly Myles** 19. INFORMANT - NAME and relationship to deceased: **Howard Snow - Spouse**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☒ Other (Specify): **Klamath Cremation Service** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Klamath Falls, Oregon** 20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *James P. Linn* 21b. LICENSE NUMBER (Of Licensee): **3572** 22. NAME, ADDRESS AND ZIP OF FACILITY: **O'Hair's Funeral Chapel 515 Pine St. Klamath Falls 97601**

23. DATE FILED (Month, Day, Year): **AUG 20 1996** 24. REGISTRAR'S SIGNATURE: *Marlene Blevins*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A 26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STOWING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **10:37 P M** ☐ YES ☒ NO 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ YES ☒ NO

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature): *Paul Heiderscheidt* **M.D.**

30. DATE SIGNED (Month, Day, Year): **8/16/96**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Paul Heiderscheidt, 2800 Daggett Avenue, Klamath Falls, Oregon 97601**

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)

PART I (a) **MYOCARDIAL INFARCTION** Interval between onset and death: **Minutes**

(b) _____ Interval between onset and death: _____

(c) _____ Interval between onset and death: _____

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown 38. AUTOPSY: ☐ YES ☒ NO 39. If YES were findings considered in determining cause of death? ☐ YES ☒ NO ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other

41a. DATE OF INJURY (Month, Day, Year): _____ 41b. TIME OF INJURY: _____ 41c. INJURY AT WORK? ☐ YES ☒ NO 41d. DESCRIBE HOW INJURY OCCURRED: _____

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): _____ 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): _____

RESERVED FOR REGISTRAR'S USE
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.*Marlene Blevins*
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGONDATE ISSUED: **AUG 20 1996**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Howard Snow** the **21st** day
of **August** A.D., 19 **96** at **2:52** o'clock **P M.**, and duly recorded in Vol. **M96**,
of **Deeds** on Page **25868**.Bernetha G Letsch, County Clerk
By *Cheryl Russell*

FEE \$10.00