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I.D. TAG NO.

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Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

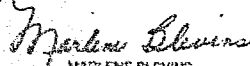
State File Number

1. DECEDENT'S NAME First: Elizabeth Middle: Ann Last: DERBY		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 7, 1997
4. SOCIAL SECURITY NUMBER 541 09 8806		5a. AGE-Last Birthday (Years) 88	5b. Under 1 Year Months: Days: Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) Huntingdon V., PA.		7. DATE OF BIRTH (Month, Day, Year) September 29, 1908	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ OPCA ☒ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):			
10. FACILITY NAME (if not institution, give street and number) 1966 Huron Street		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner	
14. KIND OF BUSINESS/INDUSTRY Music Store		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
16. SPOUSE (If Married, Widowed) Lloyd H.		17. RESIDENCE - STATE Oregon	
18. COUNTY Klamath		19. CITY, TOWN OR LOCATION Klamath Falls	
20. STREET AND NUMBER 1966 Huron Street		21. INSIDE CITY LIMITS? ☒ Yes ☐ No	
22. ZIP CODE 97601		23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes	
24. RACE American Indian, Black, White, etc. (Specify) White		25. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
26. FATHER - NAME first middle last Edward - Glaab		27. MOTHER - NAME first middle maiden Emma - Barney	
28. INFORMANT - NAME and relationship to deceased Sue Snyder / Daughter		29. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		31. LOCATION - City or Town, State Klamath Falls, Oregon	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James L. Ford</i>		33. LICENSE NUMBER (Of Licensee) 3409	
34. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601		35. DATE FILED (Month, Day, Year) MAY 09 1997	
36. REGISTRAR'S SIGNATURE <i>Stephen J. Simonson</i>		37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A	
38. WAS GIFT MADE? YES ☐ NO ☒ N/A		39. TO BE COMPLETED BY CERTIFYING PHYSICIAN	
40. TIME OF DEATH 2145		41. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	
42. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>Charles D. Bury</i>		43. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <i>Charles D. Bury</i>	
44. DATE SIGNED (Month, Day, Year) May 8, 1997		45. DATE SIGNED (Month, Day, Year) COUNTY	
46. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601		47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
48. 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)		49. INTERVAL BETWEEN ONSET AND DEATH	
(a) <i>Natural Cause Undetermined</i>		Interval between onset and death	
(b) <i>Due to, or as a consequence of:</i>		Interval between onset and death	
(c) <i>Other Significant Conditions - Conditions contributing to death but not resulting in the underlying cause given in PART I</i>		Interval between onset and death	
50. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidents ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other		51. Did tobacco use contribute to the death? ☒ No ☐ Probably ☐ Unknown	
52. DATE OF INJURY (Month, Day, Year)		53. AUTOPSY ☒ Yes ☐ No	
54. TIME OF INJURY		55. YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
56. INJURY AT WORK? ☐ Yes ☒ No		57. DESCRIBE HOW INJURY OCCURRED	
58. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		59. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED:

MAY 19 1997


MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Larry Snyder the 12th day
of June A.D., 19 97 at 1:30 o'clock P. M., and duly recorded in Vol. M97
of Deeds on Page 18055

FEE \$10.00

Return: Larry Snyder
1991 Lakeshore Dr.
KFO 97601

By Bernetha G. Letsch, County Clerk
Kathleen Ross