

097102  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



146

2 23385

# CERTIFICATE OF DEATH

STATE FILE NUMBER

507  
LOCAL FILE NUMBER

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. NAME<br>First Middle Last<br><b>BESSIE (NMN) SNOW</b>  |  | 2. SEX (M / F)<br><b>FEMALE</b>  |  | 3. DEATH DATE (Mo, Day, Yr)<br><b>SEPTEMBER 25, 1992</b>  |  |
| 4. AGE LAST BIRTH-<br>Day (Yrs)<br><b>90</b>  |  | 5. UNDER 1 YEAR<br>MOS DAYS<br><b>MOS</b>  |  | 6. UNDER 1 DAY<br>HOURS MINS<br><b>HOURS</b>  |  |
| 7. BIRTHDATE (Mo, Day, Yr)<br><b>APRIL 16, 1902</b>   |  | 8. BIRTHPLACE<br>(City, State or Foreign Country)<br><b>ELLSWORTH, MICHIGAN</b>  |  | 9. WAS DECEDENT EVER<br>IN U.S. ARMED FORCES?<br>(Yes / No) <b>NO</b>   |  |
| 10. COUNTY OF DEATH<br><b>BENTON</b>  |  | 11. CITY, TOWN OR LOCATION OF DEATH<br><b>KENNEWICK</b>  |  | 12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE<br><b>KENNEWICK LIFE CARE CENTER</b> |  |
| 13. SMOKING IN LAST<br>15 YEARS? (Yes / No)<br><b>No</b>  |  | 14. MARITAL STATUS—Married,<br>Never Married, Widowed,<br>MARRIED  |  | 15. SURVIVING SPOUSE (if wife, give maiden name)<br><b>EARL RUFFUS SNOW</b>   |  |
| 16. SOCIAL SECURITY NO.<br><b>537-20-9586</b>   |  | 17. DECEDENT'S EDUCATION<br>(Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8</b><br>College (1-4 or 5+) <b>- - -</b>                         |  | 18. USUAL OCCUPATION (Give kind of work done<br>during most of working life. DO NOT USE RETIRED)<br><b>HOMEMAKER</b>  |  |
| 19. KIND OF BUSINESS OR INDUSTRY<br><b>OWN HOME</b>   |  | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify<br>Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>(Yes / No) Specify: <b>NO</b> |  | 21. RACE (Specify)<br><b>WHITE</b>  |  |
| 22. RESIDENCE—NUMBER AND STREET<br><b>1508 WEST 7TH AVENUE</b>  |  | 23. CITY/TOWN, OR LOCATION<br><b>KENNEWICK</b>   |  | 24. INSIDE CITY<br>LIMITS?<br><b>YES</b>  |  |
| 25A. COUNTY<br><b>BENTON</b>  |  | 25B. LENGTH OF<br>RES. IN CO.<br><b>33YRS.</b>   |  | 26. STATE<br><b>WA</b>  |  |
| 27. ZIP CODE<br><b>99336</b>  |  | 28. FATHER'S NAME—FIRST, MIDDLE, LAST<br><b>EDWARD (NMN) GLASS</b>   |  | 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME<br><b>ALICE (NMN) VANDERYACHT</b>   |  |
| 30. INFORMANT—NAME<br><b>EARL R. SNOW (HUSBAND)</b>   |  | 31. MAILING ADDRESS<br>STREET OR RFD NO. CITY OR TOWN STATE ZIP<br><b>1501 BUTTERNUT RICHLAND, WASHINGTON 99352</b>  |  | 32. BURIAL, CREMATION<br>REMOVAL, OTHER (Specify)<br><b>CREMATION</b>   |  |
| 33. DATE (Mo, Day, Yr)<br><b>SEPT. 28, 1992</b>   |  | 34. CEMETERY/CREMATORY—NAME<br><b>EINAN'S CREMATORIUM</b>  |  | 35. LOCATION—CITY/TOWN, STATE<br><b>RICHLAND, WASHINGTON</b>  |  |
| 36. FUNERAL DIRECTOR SIGNATURE<br><b>X Scott A. August</b>  |  | 37. NAME OF FACILITY<br><b>EINAN'S FUNERAL HOME, INC.</b>  |  | 38. ADDRESS OF FACILITY<br><b>Box 90 RICHLAND WA 99352</b>  |  |
| TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN  |  |  | TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER  |   |  |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE<br>AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><b>X W. T. Cooper, MD</b>  |  |  | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT<br>THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><b>X</b> |   |  |
| 40. DATE SIGNED (Mo., Day, Yr)<br><b>9-28-92</b>  |  | 41. HOUR OF DEATH (24 Hrs.)<br><b>1935</b>   |  | 44. DATE SIGNED (Mo., Day, Yr)  |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 46. PRONOUNCED DEAD (Mo., Day, Yr)   |  | 45. HOUR OF DEATH (24 Hrs.)   |  |
| 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>W. T. COOPER, M.D. 1200 NORTH 14TH SUITE 300A PASCO WA 99301</b>   |  | 49. ME/CORONER FILE NUMBER   |  | 47. HOUR PRONOUNCED DEAD<br>(24 Hrs.)   |  |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  |  |  |  |   |  |
| IMMEDIATE CAUSE (Final disease or<br>condition resulting in death).   |  | A. <b>Dementia</b>   |  | INTERVAL BETWEEN ONSET AND<br>DEATH<br><b>years</b>   |  |
| DO NOT ENTER THE MODE OF<br>DYING, SUCH AS CARDIAC OR<br>RESPIRATORY ARREST, SHOCK, OR<br>HEART FAILURE. LIST ONLY ONE<br>CAUSE ON EACH LINE.<br>Sequentially list conditions, if any,<br>leading to immediate cause. Enter<br>UNDERLYING CAUSE (Disease or<br>injury which initiated events resulting<br>in death) LAST. |  | B. <b>Subdural hematoma</b>  |  | INTERVAL BETWEEN ONSET AND<br>DEATH<br><b>years</b>   |  |
| C.  |  | D.   |  | INTERVAL BETWEEN ONSET AND<br>DEATH   |  |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:<br><b>Seizure disorder, pyelonephritis</b>   |  | 52. AUTOPSY?<br>(Yes / No) <b>No</b>   |  | 53. WAS CASE REFERRED TO<br>MEDICAL EXAMINER OR<br>CORONER? (Yes / No) <b>No</b>  |  |
| 54. ACC. SUICIDE, HOM., UNDET.,<br>OR PENDING INVEST. (Specify)   |  | 55. INJURY DATE (Mo, Day, Yr)  |  | 56. HOUR OF INJURY<br>(24 Hrs)  |  |
| 57. DESCRIBE HOW INJURY OCCURRED:   |  | 58. INJURY AT WORK?<br>(Yes / No)  |  | 59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE<br>BLDG, ETC. (Specify)  |  |
| 60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE  |  | 61. RECORD AMENDMENT (Registrar use only)<br>ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE<br><b>X</b>  |  | 62. REGISTRAR<br>SIGNATURE<br><b>[Signature]</b>  |  |
| 63. DATE RECEIVED (Mo., Day, Yr.)<br><b>SEP 30 1992</b>   |  |  |  |   |  |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A