

OFFICE
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CERTIFICATE OF DEATH

146

6 33023
STATE FILE NUMBER625
LOCAL FILE NUMBER

1. DISTRICT

0-2

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First Middle Last EARL R. SNOW				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) Nov. 9, 1996							
4. AGE LAST BIRTHDAY (Yrs) 92		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 2/27/1904		8. BIRTHPLACE (City, State or Foreign Country) Winlock, Wa.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Benton	
11. CITY, TOWN OR LOCATION OF DEATH Kennewick				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 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 Life Care Center of Kennewick						13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (if wife, give maiden name)				16. SOCIAL SECURITY NO. 531-10-9431		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger				19. KIND OF BUSINESS OR INDUSTRY Timber Harvesting		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 1072 Rt.1 King Tull Rd.		23. CITY/TOWN, OR LOCATION Prosser		24. INSIDE CITY LIMITS? (Yes/No) no		25A. COUNTY Benton		25B. LENGTH OF RES. IN CO. 40yrs		26. STATE Wa.		27. ZIP CODE 99350	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Rufus Jasper Snow						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Louvisa Benidict							
30. INFORMANT—NAME Sharon A. Snow				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 9163 Arrowhead Ave., Kennewick, Wa. 99336									
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 11/13/1996		34. CEMETERY/CREMATORY—NAME Mt. View Crematorium				35. LOCATION—CITY/TOWN, STATE Walla Walla, Washington					
36. FUNERARY DIRECTOR SIGNATURE X Luster A. Smith		37. NAME OF FACILITY Columbia Memorial Chapel				38. ADDRESS OF FACILITY 224 S. 24th., Pasco, Wa. 99301							
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 AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Arturo Logrono MD						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X							
40. DATE SIGNED (Mo., Day, Yr) 11/11/96			41. HOUR OF DEATH (24 Hrs.) 0300			44. DATE SIGNED (Mo., Day, Yr)			45. HOUR OF DEATH (24 Hrs.)				
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs.)				
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Arturo Logrono, M.D., 515 W. Court St., Pasco, Wa. 99301						49. ME/CORONER FILE NUMBER							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:													
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. COLON CANCER								INTERVAL BETWEEN ONSET AND DEATH 2 years approx			
		B. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		C. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		D. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No					
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X Thomas W. Skinn, MD, MPH				63. DATE RECEIVED (Mo., Day, Yr.) NOV 13 1996					