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STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

ROLL 28 IMAGE 45

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CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER — STATE FILE NUMBER

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): NELLIE E. BADOREK
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): January 1, 1973
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 64
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): July 17 1908
6a. COUNTY OF DEATH: Washoe
6b. CITY, TOWN, OR LOCATION OF DEATH: Reno
6c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
6d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Mary's Hospital
7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): William A. Badorek
12. SOCIAL SECURITY NUMBER: 544-58-9768
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: Own Home

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 2521 S. 6th Street

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Jesse Wooley
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Unknown Unknown

17a. INFORMANT—NAME: Walter Badorek
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2521 S. 6th St., Klamath Falls, Ore. 97601

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE (a) Respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Min.

DUE TO, OR AS A CONSEQUENCE OF (b) Intracerebral hemorrhage — Days

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic disease — Years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Diabetes mellitus

19a. AUTOPSY (YES OR NO): Yes
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 12 7 72
21b. TO (MONTH, DAY, YEAR) 1 1 73
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 1 1 73
21d. I DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR) 24:30 P.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22b. HOUR OF DEATH: M.
22c. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)

23a. CERTIFIER—NAME (TYPE OR PRINT): David F. Blake, M.D.
23b. SIGNATURE: David F. Blake M.D. — DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 1-4-73
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO.: 1000 Ryland — CITY OR TOWN: Reno — STATE: Nevada — ZIP: 89502

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Haven of Rest Masuoleum
24c. LOCATION (CITY OR TOWN, STATE): Klamath Falls Oregon
24d. DATE (MONTH, DAY, YEAR): Jan. 2. 1973
24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Ross, Burke & Knobel Mortuary, 101 W. 4th St., Reno, Nev. 89501
24f. FUNERAL DIRECTOR—SIGNATURE: [illegible]
24g. REGISTRAR—SIGNATURE: Emma M. Dowell deputy
24h. DATE RECEIVED BY LOCAL REGISTRAR: January 8. 1973

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