255 → 393		99088	STAT	E OF NEVA	DA — DEPART HEALTH — SEC	O THE	EHUMA	V BESOURCE	ĒS	diam'r se	se wile	57. No. 16 40
TYPE OR PRINT IN	DECEASED-NAI	FILE NUMBER	Middle		CERTIFICAT	OF D	EATH	363	ol. ma	31 Fax	Ja	1940
ERMANENT BLACK INK	CITY TOWN OR	Hubert	Benjam	น้ำ	ROVer		DATE OF DEA	TH (Month, Day,		C STATE	PLE MUNUEE	LOU EATH
ecionalité	36 Bou	lder City		OSPITAL OR OTH	HER INSTITUTION—Nan	~ 111 1601 111 61	iner, aive stre	15, 19	78	II Hosp or v	Clar	k
	HACE—(e.g., White, Indian, etc.)	Black American (Specify)	ETHNIC		der City Ho	140,000	I			30 I	R.	A Os, Emer
F DEATH	4a White STATE OF BIRTH (# noi U.S.A., name		English	COUNTRY	Birthday (Year 5a 67	50 MOS		UNDER : DAY	DATE OF BIR	THIME Day		SE)
CURRED IN STITUTION HANDBOOK	8 Calif	ornia	9 USA		MARRIED, NEVER M WIDOWED DIVORCE (Specify) Marr	D.	SURV	VING SPOUSE (d)	140 0		WAS DECED US ARMED	,male
EGARDING IPLETION OF DENCE ITEMS	13 548-0	3-4168	Working Life, Even 14a Head	ION (Give Kind of d Retired)	Work Done During Most	9	KIND OF BU	lizabeth	Wiese	ryce	ISpecity Yes	O NO TO
<u> </u>	RESIDENCE-STAT	- 100011	TY	CITY, TO	OWN, OR LOCATION		14b. O	il refin	ing			
ABENTS		Firs:	lamath Max	₁₅ Kla	math Falls		15d				NSIDE CITY L Specify Yes o	MITS No.
	16.	Civae or Printi			Воусе	MOTHER 17.	N NACIAM	AME FR.		Middle	_{5e} no	st
	16a Elizabe	th Royce		,	MAILING ADDRESS		(Street or R.F.	No Cay or Tour				urtis
	19a Cremation	REMOVAL, OTHER (S	specify)		BOX 77-M		man Rt	, Klama	th Fal	ls, Ore	e. 976	01
DSITION	FUNERALCABOTOR	-SIGNATURE (Or Per)	on Acing as Such,	196 Pale	n Crematory			19c		City or Tow		Sta:e
>	20a → / O L	las G. L	assard	Palm	Mortun	800 s	. Boul	der Hwy	Uonda			
			e, death occurred at the		ace and due to the	≥ ₹	time, date an	or examination and			Nev.	39015
	ONIC SIP	NED (Mo. Day, Yr.)	- 1	F DEATH	AM	DAT	eture and Tit E SIGNED (M	e) . Day, YI)	<u> </u>	lec	Lan.	ed at the
	NAME OF	ATTENDING PHYSICIA	N IF OTHER THAN CEI	RTIFIER (Type or I	Print;	22b	4-1	7 - 78 AD (Mo. Day. Yr.)	22c	11:	: 35	AM
112		ADDRESS OF CERTIF	IER (PHYSICIAN, MEDI	CA: EVALUATED C		22a	on $4-1$			UNCED DEAD	-	XX:
,	23. G.:	Sheldon Gr	een, MD-	Chief Me Examine	PR CORONER) (Type or I	rint)			ZZe AT	11:	35	xx
NDITIONS F ANY ICH GAVE	24a. (Signature)	Wanda	Turpin	10	er - 1704 p	into]	lane,	Las Vega	S, Nev.	Vo. Day Yes		
ISE TO WEDIATE CAUSE	25. IMMEDIATE CAUSE	TENT EN ON	L'I ONE CAUSE PER (INE FORCAL (b)	ART (CL)			246	APR 1 8	3 1978		
TING THE ERLYING SE LAST	PART (B) DUE TO, C	Arterios	clerotic c	ardiova	scular dise	ease			imen	al between on	set and death	
	(b) DUE TO, O	A AS A CONSEQUENC	F DE						• Interv	al between on:	set and death	
USE OF _	(c)								• Interva	al between ons	et and death	
	ART OTHER SIGNII	FICANT CONDITIONS	Conditions contributing	to ceath but not i	related to cause given in	PART 1 (a)	- TAL	TOPSY (S.	÷			
AC OR	C. SUICIDE HOM, UNDS PENDING INVEST. Decity	T. DATE OF INJURY	Mo. Day, Yr.) HO	UR OF INJURY	DESCRIBE HOW			No Yes o	(No) EXAMINE	SE REFERRED OR CORON Yes	TO MEDICAL ER (Specify Y	es or No;
28 IN.	JURY AT WORK	28b.	At home, farm, stree!		1	WINHA OCC	CURRED					
200 10 200	e Yes or No.	28!	ic. (Specdy)	factory, office but	lding, LOCATION 280	STR	ET OR R.F.D	No. CIT	Y OR TOWN	STATE		
30												
	"CERTI	FIED TO RE A TRUE	****							No	000	315
	FILE WI	THTHE REGISTRA	AND CORRECT C IR OF VITAL STATI IR County from cor orized by the State	OPY OF THE D STICS, STATE	OCUMENT ON OF NEVADA "			APR 1 8	1970	,	000	OTO
	NAS AAD	175 71	Orized by the State	Rosed & S	of from State				-070		100	
0.5	FEE \$2.00	ulstrict Registrar li	certified copy of a	ne record only PLE INK.	if it bears the							
3	and the	2										
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				area to	. 41 2							
	STATE OF C	REGON; COI	UNTY OF KL	AMATH:	ss.	•						
۵.	I hereby c	ertify tha	at the wit	hin inst	ss. trument was	raca	inad -					
	<u>lst</u> day	of May	7 A.D	10.81	- 3 - ME		rved a	na filed	for re	cord o	n the	
,	Vol_ <u>M81</u>		2007	, 1,013	7903	o'cloc	k_P_1	1., and	duly re	corded	Ín	
_			Deeds or	n page	7803.		EVELYN	BIEHN			411	
	Fee \$ 3.	50				p		COUNTY OF				
and the state of						By_1	XINDA	_a Qan	21. De			