2831

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 53 IMAGE 708 172

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First: Wayne; Middle: Alfred; Last: YATES
2. DATE OF DEATH (Month, Day, Year): February 1, 1983
3a. COUNTY OF DEATH: Washoe
3b. INSIDE CITY LIMITS (Specify Yes or No): Yes
3c. If Hosp or Inst, indicate DOA, OP/Emer (Inpatient (Specify)): Inpatient
3d. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Washoe Medical Center
4. SEX: Male
5. DATE OF BIRTH (Mo., Day, Yr.): December 11, 1921
5a. AGE—Last Birthday (Years): 61
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
7a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
7b. ETHNIC: American
8. STATE OF BIRTH (If not U.S.A., name country): Utah
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy L. Hamer
12. SOCIAL SECURITY NUMBER: 528-18-3123
13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Highway Planning Engineer
14a. KIND OF BUSINESS OR INDUSTRY: Highway Department
14b. RESIDENCE—STATE: Nevada
15. COUNTY: Carson City
15a. CITY, TOWN, OR LOCATION: Carson City
15b. STREET AND NUMBER: 314 N. Nevada St.
15c. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME: First: William; Middle: ; Last: Yates
17. MOTHER—MAIDEN NAME: First: Annie; Middle: ; Last: Pedersen

DISPOSITION

18. INFORMANT—NAME (Type or Print): Dorothy L. Yates
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 314 N. Nevada Street Carson City, NV 89701
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Catholic Cemetery
19c. LOCATION: Carson City Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Chas. H. Edwards
20b. NAME AND ADDRESS OF FACILITY: O'Brien-Rogers & Crosby P. O. Box 6646 Reno, NV 89513

CERTIFIER

To be completed by certifying physician
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title): John A. Shields, MD
21b. DATE SIGNED (Mo., Day, Yr.): 2-1-83
21c. HOUR OF DEATH: 11:00A.M.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
To be completed by Coroner's Office
22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.):
22e. PRONOUNCED DEAD (Hour):
22f. ON:
22g. AT:
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): John A. Shields, M. D. 236 W. 6th Street Reno, NV 89503

REGISTRAR

24a. (Signature): Dep.
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): February 2, 1983
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES [ ] NO [X]

CAUSE OF DEATH

PART I
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).): Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(a): Respiratory Failure
(b): Undifferentiated Squamous Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(c):
Interval between onset and death: Days
Interval between onset and death: Hours
Interval between onset and death: Yrs

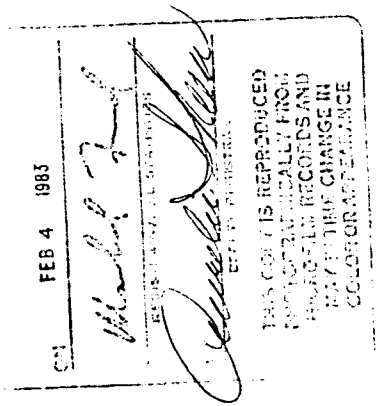
PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

28a. ACCIDENT, HOM, UNDET, OR PENDING INVEST (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY: M
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE

No. 37056

VITAL RECORDS

2832



STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at 2:23 o'clock P M, this 23 day of Feb. A.D. 19 83 at ___ o'clock P M, and duly recorded in Vol. M83, of Deeds on a 2830

Fee $12.00

EVELYN BIEHN, County Clerk

By