WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

Vol. 1000 Page 1202

VITAL STATISTICS
Reno, Nevada

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

ROLL 59 IMAGE 785

LOCAL FILE NUMBER 1929

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. Clifford Elwood MILHORN
2. DATE OF DEATH: November 1, 1985
3. STATE FILE NUMBER
3a. COUNTY OF DEATH: Washoe
3b. CITY TOWN OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION: St. Mary's Hospital
3d. INSIDE CITY LIMITS: Yes
3e. If Hosp. or Instn. indicate DOA, OP, Emer, Inpatient
4a. RACE: White
4b. ETHNIC
5a. AGE: 72
5b. UNDER 1 YEAR MOS DAYS
5c. UNDER 1 DAY HOURS MINS
6. DATE OF BIRTH: May 10, 1913
7. SEX: Male
8. STATE OF BIRTH: Idaho
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
13. SOCIAL SECURITY NUMBER: 543-28-9071
14a. USUAL OCCUPATION: Rancher
14b. KIND OF BUSINESS OR INDUSTRY: Logging
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY TOWN OR LOCATION: Beatty
15d. STREET AND NUMBER: Rural
15e. INSIDE CITY LIMITS: No

PARENTS

16. FATHER — NAME: Brett C. Milhorn
17. MOTHER — MAIDEN NAME: Meral Trout

DISPOSITION

18. INFORMANT — NAME: MAILING ADDRESS: HC 33, Box 14, Beatty, Oregon 97621
19a. BURIAL, CREMATION, REMOVAL, OTHER: Cremation
19b. CEMETERY OR CREMATORY — NAME: Masonic Memorial Gardens
19c. LOCATION: Reno Nevada
20a. FUNERAL DIRECTOR: O'Brien-Rogers & Crosby
20b. NAME AND ADDRESS OF FACILITY: 600 W. 2nd St. Reno, NV 89503

CERTIFIER

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: Darrel D. Handke
21b. DATE SIGNED: 4 Nov 85
21c. HOUR OF DEATH: 1820
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
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
22c. HOUR OF DEATH
22d. PRONOUNCED DEAD (Mo. Day. Yr.)
22e. PRONOUNCED DEAD (Hour)
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Darrel D. Handke, M. D., 236 West 6th Street, Reno, Nevada 89503

REGISTRAR

24a. Signature: Dep
24b. DATE RECEIVED BY REGISTRAR: November 5, 1985
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
PART 1 (a) PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF
(b) PROBABLE LUNG CANCER
DUE TO, OR AS A CONSEQUENCE OF
(c)
PART 2 OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART 1 (d) RESPIRATORY FAILURE
Interval between onset and death: DAYS / MONTHS

26. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)
26a. DATE OF INJURY (Mo. Day. Yr.)
26b. HOUR OF INJURY
26c. DESCRIBE HOW INJURY OCCURRED
27. AUTOPSY (Yes or No): No
28. WAS CASE REFERRED TO CORONER (Specify Yes or No): No
29a. INJURY AT WORK (Specify Yes or No)
29b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
29c. LOCATION
29d. CITY OR TOWN
29e. STATE

VITAL RECORDS

No. 52202

This is to certify that the above is a true and legal copy of the certificate on file in this office.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON COUNTY OF KLAMATH ss

Filed for record at request of _____ the 24th day of January A.D. 19 86 at 1:25 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 1293

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Nichols & Bogardus, P.C. 35 "G" St., So., Lakeview, Oregon 97630 1897

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