

## CIPALID O BANDARADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



		STATE OF NE	VADA — DEPA OF HEALTH — CERTIFIC	SECTION O	F VITAL STATIS	OURCES STICS		
TYPE	LOCAL FILE NUMBER DECEASED—WAMF First	10.146	CERTIFICATE OF C				STATE FILE NUMBER	
OR PRINT.		Madrid		351	DATE OF DEATH (Mor		COUNTY	
ERMANENT BLACK INK	Clarence	E.	B INSTITUTION - Name //	AMP	June 26,	1986		rson City
1272 727	3b Carson City				eet and number) INSII	DE CITY LIMITS	If Hosp or Inst indica Rm, Inpatient (Specifi	ate DOA, OP/Emer
1444/14/14	RACE - in g. White, Black, American It Its	130 1 201 DE	everly Drive	UNDER 1 YEAR		yes	3e	
	da lan, etc) (Specify)		flirthday (Years)	MOS DAYS	HOURS . MINS	DATE OF BIRTH (M.		SEX
J SEATE	STATE OF BIRTH	American	5a 67	56 NEVER MARRIED	5c.	August	11, 1918	<sup>7</sup> Male
CONTRACTOR IN	nt not U.S.A., name country) 8  California	and the second of the second	WIDOWE (Specify)	D, DIVORCED	SUHVIVING S	POUSE (If write, gave	maden namel WAS D	MED FORCES?
- 11 +4 C6004 - 104R0aG	SOCIAL SECURITY NUMBER	s American	No Kind at Kind Day 0		IIBarba	ıra E. Gr		Yes or No! Yes
ASSESSED ITEMS	500 00 010	Working tile Even il Reti 149 Cabinet	400)		A company of the comp	50 T W T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- 1.1	RESIDENCE-STATE COUNTY	- Cabinet	CITY. TOWN, OR LO	CATION	STREET AN	net Shop		
	15a Nevada 15b Ca	rson City		and the second	11981	Beverly	Drive Specifi	CITY LIMITS Yes or No!
	FATHER-NAME First	Middle	15c Carsor	MOTHER-MAID			Middle 15e.	yes
PAREME	16 Frank	James	DeCamp		and the second second			Last
3- <b>2</b>	INFORMANT—NAME (Type or Print)		MAILING ADD	RESS	Emili (Succept RED	No . City or Town, !	Myer	S
Ē	12. Barbara E. DeCam	p	1 .		y Drive, Ca			00701
==- ==-	BURIAL CREMATION, REMOVAL, OTHER IS	Decity CEMETE	RY OR CREMATORY NA	ME	J DIIVE, Ca	CATION	City or Town	State
	19a Cremation	19н М	asonic Memo	rial Gar				
18708000	FUNERAL DIRECTOR EXCHAIL PLE TO THIS ON	Acury to Sudy NAME A	ND ADDRESS OF FACILI		enry's Fune		Ne Ne	vada
	20a > Pull 7 20	D 11/20	312 S Ca	FILZN	enry's rune	ral Home		
	21a To the best of my thousehoe, dea	th occurred at the time, d	at and place it is	7(')	rson City, 22a On the basis of example of the time, date and			on death occurred
	토병 (Signature and Inter >	12 /k	Kuns	MARIE -		place and alse is	the cause(s) stated.	an acon occurred
	DATE SIGNED (Ma. Day. Yr.)	HOUR OF DE	ATR	D D D D D D D D D D D D D D D D D D D	(Signature and Title) DATE SIGNED (Mo., Day,		OUR OF DEATH	
<u> स्टालाहाहत</u>	215 June 27, 198	5 216 10	:09 P.M.	[€ <del>.</del>	22b	. 1		
इसमासिया	NAME OF ATTENDING PHYSICIAN	IF OTHER THAN CERTIF	IER (Type or Print)	1.0	PRONOUNCED DEAD /A		RONOUNCED DEAD (H	avel.
	21d			F	22d ON			2017
	NAME AND ADDRESS OF CERTIF	EH PHYSICIAN, MEDICA	L EXAMINER OR CORON	ERI (Type or Print)	220. UN		Ze AT	
	23 William R. K	ing, M.D.	1000 N Div	icion C+	Commercia C			
CONDITIONS	23 William R. K		DATER	ECEIVED BY REGIS	TRAR (Mo. Day, Yr.) D	ATH DUE TO COM	ada 89701 IMUNICABLE DISEASE	
AHICH GAVE	24a (Signature)	" Yare	Cec 240 (	Lever 2	7, 1986, 2		v <b>o</b> K⊡	
MMEDIATE /	25 IMMEDIATE CAUSE IENIER CNLY	ONE CAUSE PERMYE FO	OR (OL IDL AND ICIL		7 7003	1100 127	interval between	onset and death
STATING THE	PART (a)	opuses	reis				1 10	
CAUSE LAST	DUE TO OR AS A CONSEQUEN	CI OF		0 0	· · · · · · · · · · · · · · · · · · ·		tnterval between	onset and death
	) to 5 quar	sous (	Ca p	Ka	uss		21	el 1
	DUE TO, OR AS A CONSEQUEN	CE OF					Interval between	onset and death
CAUSE OF	(c)						•	
DEATH	PART OTHER SIGNATIONS	Conditions contributing	to death but not related to	cause given in PA	RT 1 (a) AUTO	OPSY (Spec	WAS CASE REFER	RED TO .
	" Oscific	rac n	reurand	alley	26	No	27 Yes Ref	
	OR PENDING INVEST.	JURY Mio. Day Yr HOL	UR OF INJURY D	ESCRIBE HOW INJ	URY OCCURRED		1	
	(Specify) 28a 28b.	25c	M 2	8d				
	INJURY AT WORK PLACE OF (Specify Yes or No)	NJURY At home, farm, s building, etc. /Spe	street, factory, office L	OCATION.	STREET OR R.F.D. N	o. CIT	OR TOWN ST	ATE
	286. 281	1 1 1 1 1 1 1		Bg. ·				
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			\#T.L 654					<del>2</del>
130	This is to certify the	at the above is a	true and correct o	ORDS BY				
	of the certificate on	file in this office	) <b>.</b>					2
	Date Issued:	HM 97 103	**		Deput	y Registrar	120	
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	or ordeon, coomin or	NEMINIAI II.	SS.					
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	March A.D., 19			vols A 3	f == 1 1 1		21st	day
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FEE	\$8.00				2001 2001 (2014)	inty Clerk	5	
	Jones			يمتحد رد		صعوبين مارين	selection .	<del></del>
P.O. B	ox 423,Gardnerville,N	v. 89410						