

## STATE OF NEVADA

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

LOCAL FILE NUMBER		DECEASED—NAME		First		Middle	Last	DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1		Clarence		E.		DECAMP		2 June 26, 1986		3a Carson City	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		If Hosp or Inst indicate DOA, OP, Emer Rm, Inpatient (Specify)		3b		3c	
3b Carson City		3c 1981 Beverly Drive		3d yes							
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last (Birth-day (Years))		UNDER 1 YEAR MOS—DAYS		UNDER 1 DAY HOURS—MINS		DATE OF BIRTH (Mo., Day, Yr.)	
4a White		4b American		5a 67		5b		5c		6 August 11, 1918	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		SEX	
8 California		9 American		10 Married		11 Barbara E. Green		12 Yes		7 Male	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY							
13 569-03-0424		14a Cabinet Maker		14b Cabinet Shop							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		15c	
15a Nevada		15b Carson City		15c Carson City		15d 1981 Beverly Drive		15e yes			
FATHER—NAME		First		Middle		Last		MOTHER—MAIDEN NAME		First	
16 Frank		James		DeCamp				17 Emilie		Myers	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS		(Street or R.F.D. No., City or Town, State, Zip)							
12a Barbara E. DeCamp		12b 1981 Beverly Drive, Carson City, Nevada 89701									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town		State			
19a Cremation		19b Masonic Memorial Gardens		19c Reno		Nevada					
FUNERAL DIRECTOR, AGENT, OR PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY		FitzHenry's Funeral Home							
20a		20b 312 S. Carson		Carson City, Nevada 89701							
21a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.		21b 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.									
21a June 27, 1986		21b 10:09 P.M.									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a ON		22b AT							
21d		21e		21f							
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		23 William R. King, M.D., 1000 N. Division St., Carson City, Nevada 89701									
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE							
24a (Signature)		24b June 27, 1986		24c YES		NO					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
PART I (a) Carcinomatosis											
(b) Squamous ca of anus											
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (a)											
26a		26b		26c		26d					
26a		26b		26c		26d					
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
28a		28b		28c		28d					

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

Date Issued: JUN 27 1986

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharyn Jones the 21st day  
of March A.D., 19 89 at 9:34 o'clock A.M., and duly recorded in Vol. M89,  
of Deeds on Page 4702.

FEE \$8.00

Sharyn Jones

P.O. Box 423, Gardnerville, Nv. 89410

Evelyn Biehn County Clerk

By Daniel M. M. M.