

98242

Vol. m89 Page 4703

## 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		Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
DECEASED—NAME First Middle		Last		2 May 5, 1988		3a. Douglas	
1. Barbara Elizabeth DECAMP		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)	
CITY, TOWN, OR LOCATION OF DEATH		3c. 1409B Kimmerling		3d. yes		3e.	
3b. Gardnerville		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		DATE OF BIRTH (Mo., Day, Yr.)	
4a. White		4b. American		5a. 67		6. July 14, 1920	
7. Female		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. Surviving Spouse (If wife, give maiden name)	
8. California		9. U.S.A.		10. Widowed		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13. 548-28-3217		14a. Homemaker		14b. Own Home		15a. yes	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1409B Kimmerling	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		16. John William Green		17. Lena Gertrude O'Brien	
18a. Sharyn Jones		18b. P.O. Box 423, Gardnerville, Nevada 89410		19a. Removal/Burial		19b. Forest Lawn Mortuary-Cypress	
20a. <i>Forest Lawn Mortuary</i>		20b. 833 N. Edmonds Drive, Carson City, Nevada 89701		21a. May 6, 1988		21c. 9:30 A.M.	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. Edmond J. Pierczynski, M.D., 904 N. Nevada Street, Carson City, Nevada 89703		22a. YES <input type="checkbox"/> NO <input type="checkbox"/>		22b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22c. 2-3 mos		22d. 5 yrs		22e. YES <input type="checkbox"/> NO <input type="checkbox"/>		22f. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22g. YES <input type="checkbox"/> NO <input type="checkbox"/>		22h. YES <input type="checkbox"/> NO <input type="checkbox"/>		22i. YES <input type="checkbox"/> NO <input type="checkbox"/>		22j. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22k. YES <input type="checkbox"/> NO <input type="checkbox"/>		22l. YES <input type="checkbox"/> NO <input type="checkbox"/>		22m. YES <input type="checkbox"/> NO <input type="checkbox"/>		22n. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22o. YES <input type="checkbox"/> NO <input type="checkbox"/>		22p. YES <input type="checkbox"/> NO <input type="checkbox"/>		22q. YES <input type="checkbox"/> NO <input type="checkbox"/>		22r. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22s. YES <input type="checkbox"/> NO <input type="checkbox"/>		22t. YES <input type="checkbox"/> NO <input type="checkbox"/>		22u. YES <input type="checkbox"/> NO <input type="checkbox"/>		22v. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22w. YES <input type="checkbox"/> NO <input type="checkbox"/>		22x. YES <input type="checkbox"/> NO <input type="checkbox"/>		22y. YES <input type="checkbox"/> NO <input type="checkbox"/>		22z. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22aa. YES <input type="checkbox"/> NO <input type="checkbox"/>		22ab. YES <input type="checkbox"/> NO <input type="checkbox"/>		22ac. YES <input type="checkbox"/> NO <input type="checkbox"/>		22ad. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22ae. YES <input type="checkbox"/> NO <input type="checkbox"/>		22af. YES <input type="checkbox"/> NO <input type="checkbox"/>		22ag. YES <input type="checkbox"/> NO <input type="checkbox"/>		22ah. YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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:

MAY 06 1988

Deputy Registrar

N76286

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 9:35 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 4703.Evelyn Biehn  
By Dariusz Miskiewicz County Clerk

FEE \$8.00

Sharyn Jones

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