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STATE OF NEVADA

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

ALTERED

LOCAL FILE NUMBER — STATE FILE NUMBER

1. DECEASED—NAME (First, Middle, Last)	2. DATE OF DEATH (Month, Day, Year)	3a. COUNTY OF DEATH
Helen CLARK	found 6/18/85	Lyon

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	3d. INSIDE CITY LIMITS (Specify Yes or No)	3e. If Hosp. or Inst. indicate D.O.A. or Ema. Rm. Inpatient (Specify)
Dayton	Cemetery Road	No	

4a. RACE—(e.g. White, Black, American Indian, etc) (Specify)	4b. ETHNIC	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR MOS.	5c. DAYS	5d. UNDER 1 DAY HOURS	MINS	6. DATE OF BIRTH (Mo., Day, Yr.)	7. SEX
White	American	64					1/21/21	Female

8. STATE OF BIRTH (If not U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Georgia	USA	Married	Roy E. Clark	No

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY
	Housewife	Homemaking

15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Oregon	35-013 Klamath	Klamath Falls	2740 Derby	

16. FATHER—NAME (First, Middle, Last)	17. MOTHER—MAIDEN NAME (First, Middle, Last)
	Myrtle Cheek

18a. INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Beverly Ensor	1931 Hope St. Klamath Falls OR 97603

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION—City or Town	State
Cremation	Sierra Crematory	Reno	Nevada

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b. NAME AND ADDRESS OF FACILITY
[signature]	Waltons Funeral Home 1281 Roop St. Carson City

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)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
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) John W. Shank Deputy
22b. DATE SIGNED (Mo., Day, Yr.) 6-21-85
22c. HOUR OF DEATH unknown
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON 6/18/85
22e. PRONOUNCED DEAD (Hour) AT 10:45 AM

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) John W. Shank Dep. Coroner 30 Nevins Way, Yerington, NV 89447

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24c. DEATH DUE TO COMMUNICABLE DISEASE
[signature]	JUL 29 1985	YES ☐ NO ☒

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) ~~Pending~~ Undetermined — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (c) — Interval between onset and death:

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)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
Yes	Yes

28a. ACCIDENT, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
		AM	

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.	28h. CITY OR TOWN	28i. STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Catherine S. Louie
Deputy Registrar

Information Corrected. State Affidavit 22037. Item 25a. August 26, 1985 No. 47222

Date Issued: AUG 29 1985 VITAL RECORDS

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day of Aug. A.D., 19 89 at 10:43 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 15499.

Evelyn Biehn County Clerk