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9293

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

# CERTIFICATE OF DEATH

LOCAL FILE NUMBER MAC 1396 - 1931 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. DECEASED—NAME: First: Bruce Middle: Last: FOLLIS
2. DATE OF DEATH (Month, Day, Year): May 5, 1989
3a. COUNTY OF DEATH: Clark
3b. CITY, TOWN, OR LOCATION OF DEATH: Las Vegas
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): University Medical Center
3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient
4. SEX: Male
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify □ yes X no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 47
7b. UNDER 1 YEAR MOS / DAYS
7c. UNDER 1 DAY HOURS / MINS
8. DATE OF BIRTH (Mo., Day, Yr.): October 30, 1941
9a. STATE OF BIRTH (If not U.S.A., name country): Oregon
9b. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education. Specify highest grade completed: 16
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Frances Blundell
13. SOCIAL SECURITY NUMBER: 542-42-1418
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired): Administrator
14b. KIND OF BUSINESS OR INDUSTRY: Retirement Homes

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: California
15b. COUNTY: San Mateo
15c. CITY, TOWN, OR LOCATION: San Bruno
15d. STREET AND NUMBER: 353 Hazel Ave.
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

**PARENTS**

16. FATHER—NAME First: Gibson Middle: Last: Follis
17. MOTHER—MAIDEN NAME First: Martha Middle: Last: Chase

18a. INFORMANT—NAME (Type or Print): Bob Wynkoop
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 434 Pine Street, Half Moon Bay, California 94019

**DISPOSITION**

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal
19b. CEMETERY OR CREMATORY—NAME: Chapel of Highlands
19c. LOCATION City or Town State: Millbrae California
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Ettie Lee & Co.
20b. FUNERAL DIRECTOR LICENSE NUMBER: 30
20c. NAME AND ADDRESS OF FACILITY: Bunker Mortuary 89101 — 925 Las Vegas Blvd. No., Las Vegas, Nevada

**CERTIFIER**

To be Completed by CERTIFYING PHYSICIAN

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) and manner stated. (Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.): 5-8-89
22c. HOUR OF DEATH: 6:25 P.M.
22d. PRONOUNCED DEAD (Mo., Day, Yr.) On: 5-5-89
22e. PRONOUNCED DEAD (Hour) At: 6:25 P.M.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Nev.
23a. G.Sheldon Green, M.D.—Chief Med. Exam.—1704 Pinto Lane, Las Vegas
23b. LICENSE NUMBER: 3004

E831.1

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

**CAUSE OF DEATH**

REGISTRAR
24a. (Signature): Jan Brisk, Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 09 1989
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES □ NO □

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Acute pulmonary edema — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Head injury with multiple fractures — 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 resulting in the underlying cause given in Part I.

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

28a. ACC., SUICIDE, HOM., UNDET., OR PEND'G INVEST. (Specify): Accident
28b. DATE OF INJURY (Mo., Day, Yr.): May 4, 1989
28c. HOUR OF INJURY: 12 MN M (Before)
28d. DESCRIBE HOW INJURY OCCURRED: Passenger on boat which struck rocks
28e. INJURY AT WORK (Specify Yes or No): No
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Lake
28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE: Lake Mead, LMNRA, Clark County, nev.

No.003588

MOUNTAIN TITLE COMPANY, has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

STATE REGISTRAR

DEC 20 '89 PM 3 35

*"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."* This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

Return to:
Frances Follis
353 Hazel Ave
San Bruno, Calif.
94066

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics
By: [signature]
Date Issued: MAY 10 1989

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of Dec. A.D., 19 89 at 3:35 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 24576.

FEE $8.00

Evelyn Biehn County Clerk
By [signature]