

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

8562

Misc. BK 230
14404
(45)

LOCAL FILE NUMBER				STATE FILE NUMBER							
TYPE OR PRINT IN PERMANENT BLACK INK		First		Middle		Last		DATE OF DEATH (Month, Day, Year)		CITY OR TOWN OF DEATH	
1. Jimmie		Robert		HUGHES		2 April 24, 1990		3a Elko			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)						If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)		SEX	
3b. Wendover		3c. Wendover Medical Clinic						3d. male			
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.				AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
5. white		6. no				7a. 60		7b. :		7c. :	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Oklahoma		9b. USA		10. 14		11. Married		8. July 30, 1929		12. Barbara Miller	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)				KIND OF BUSINESS OR INDUSTRY					
13. 528-32-4521		14a. Military				14b. United States Navy					
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)					
15a. New Mexico		15b. Grant		15c. Silver City		15d. 70 Bypass Rd.		15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last									
16. Robert Irving Hughes		17. Ethel Cross									
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)									
18a. Barbara Hughes		18b. P.O. Box 704 Silver City, New Mexico 88062									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State							
19a. Cremation		19b. Crematory		19c. Elko Nevada							
FUNERAL DIRECTOR—SIGNATURE (Or Print (Ifing as Such))		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY							
20a. H. L. Dunn		20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
(Signature and Title) H. L. Dunn		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		(Signature and Title) H. L. Dunn		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. DATE SIGNED (Mo., Day, Yr.)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATT											

STATE REGISTRAR

By

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

Date Issued:

MAY 15 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

20055

12B4

10V

CVJR 6510420-80-20

17870

22336

PRODUCED PURSUANT TO THE PROVISIONS OF THE

AMERICAN RECORDING ACT

RECORDING ACT

RECORDING ACT

9802

Return: Foy, Foy & Castillo
Box 2615
Silver City, New Mexico 88062

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 2 day of Sept A.D., 19 93
at 9:25 o'clock A M. and duly recorded
in Vol. M93 of deeds Page 22336

Evelyn Biehn County Clerk

By Candice Mullender
Deputy

Fee, 15.00

STATE OF NEW MEXICO
County of Grant

I hereby certify that this instrument
was filed for record on the 28
day of July A.D., 1993
at 8:22 o'clock A M. and duly
recorded in book 230 of the records
of Muni.
at page 8542

Witness my hand and seal of office

Rene Madrid COUNTY CLERK, GRANT CO., N.M.

Michael Hernandez Deputy