

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)

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
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/Emer. Rm. Inpatient (Specify)		SEX	
3b. Wendover		3c. Wendover Medical Clinic		3e.		4. 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	
5. white		6. no		7a. 60		7b. 0	
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)	
9a. Oklahoma		9b. USA		10. 14		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 528-32-4521		14a. Military		14b. United States Navy		12. Barbara Miller	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. New Mexico		15b. Grant		15c. Silver City		15d. 70 Bypass Rd.	
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)		15e.	
16. Robert Irving Hughes		17. Ethel Cross		15e.			
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 Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		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.		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.			
DATE SIGNED (Mo., Day, Yr.)		21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. 4-30-90		22d. 11:30 P.M.		22e. PRONOUNCED DEAD (Hour)	
23a. William Z. Webb, Ex-Officio Coroner Elko County, Nev. 89801		23b. LICENSE NUMBER		22f. 4-24-90			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>		24b. 5/8/90		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		(a) Cardiomyopathy		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Filed for record on 20th day of July , A.D. 19 93 at A.M.		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		<i>[Signature]</i>		Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. no		27. yes					
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
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	
28e.		28f.		28g.			

STATE REGISTRAR

[Signature] No. 14062
Deputy Registrar

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

By:

Date Issued:

MAY 15 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



STATE OF NEW MEXICO

RECORDS DEPARTMENT
COUNTY CLERK'S OFFICE

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 Cynthia Mullendor
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 Misc.
at page 8562
Witness my hand and seal of office

COUNTY CLERK, GRANT CO., N.M.
Wilma Hernandez Deputy