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

K-44909

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

LOCAL FILE NUMBER

1191

DECEASED—NAME First Ernest

Middle Nye

Last SCRUGGS

DATE OF DEATH (Month, Day, Year)

August 23, 1981

STATE FILE NUMBER

COUNTY OF DEATH

Washoe

3b. Reno

3c. Washoe Medical Center

4. Place of death (Mortuary, Home, etc.)

Inpatient

5a. (e.g., White, Black, American Indian, etc.) (Specify)

4a. White

ETHNIC

4b. Irish

AGE—Last Birthday (Years)

57

LIFETIME YEAR

5b. MOS. DAYS

UNDER 1 DAY

5c. HOURS MINS

DATE OF BIRTH (Month, Day, Year)

July 30, 1910

Sex

Male

STATE OF BIRTH (If not U.S.A., name country)

8. West Virginia

CITIZEN OF WHAT COUNTRY

9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

10. Married

SURVIVING SPOUSE (If wife, give maiden name)

11. Edith F. Meeks

WAS SAID TO BE A U.S. ARMED FORCES PERSONNEL (Specify Yes or No)

Yes

SOCIAL SECURITY NUMBER

13. 225-10-7682

USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

14a. Commissioner of Food & Drugs

KIND OF BUSINESS OR INDUSTRY

State of Nevada

RESIDENCE—STATE

15a. Nevada

COUNTY

15b. Washoe

CITY, TOWN, OR LOCATION

15c. Reno

STREET AND NUMBER

15d. 682 W. Pueblo St.

INSIDE CITY LIMITS (Form for Yes or No)

15e. Yes

FATHER—NAME First Ernest

Middle Nye

Last Scruggs, Sr.

MOTHER—MAIDEN NAME First Lucy

Middle

Last Campbell

INFORMANT—NAME (Type or Print)

16. Edith Scruggs

MAILING ADDRESS

18b. 682 W. Pueblo St., Reno, Nevada

BURIAL, CREMATION, REMOVAL, OTHER (Specify)

19a. Burial

CEMETERY OR CREMATORY—NAME

19b. Our Mother of Sorrows Cem.

LOCATION

19c. Reno, Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)

NAME AND ADDRESS OF FACILITY

20. Walton Funeral Home, 875 W. Second St., Reno, Nevada

21a. To the best of my knowledge and belief, the time, date and place and due to the cause(s) stated.

(Signature and Title) *David P. Berry, M.D.*

DATE SIGNED (Mo., Day, Yr.)

21b. 8/24/81

HOUR OF DEATH

21c. 7:06 PM

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

23. 900 Ryland, Reno, Nevada, David P. Berry, M. D.

REGISTRAR

24a. (Signature) *David P. Berry, M.D.* Deputy Registrar

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

24b. August 25, 1981

25. IMMEDIATE CAUSE

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

PART I

(a) Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF.

(b) Metastatic adenocarcinoma of the prostate

DUE TO, OR AS A CONSEQUENCE OF.

(c)

PART II

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

Hypertension

ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)

28a. DATE OF INJURY (Mo., Day, Yr.)

28b. HOUR OF INJURY

28c. M. 28d. DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No)

28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

28f. LOCATION

28g. STREET OR RFD No.

CITY OR TOWN

STATE

28h. AUTOPSY (Specify Yes or No)

28i. NO

WAS CASE REFERRED TO AN ATOR? (Specify Yes or No)

28j. NO

Return to:

Michelle Johnson
682 W. Pueblo St.

Reno, NV 89509

8160J06810

Nº 27124

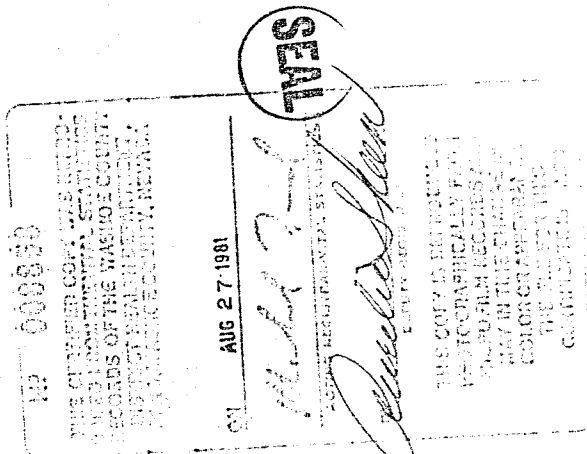
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When Recorded Mail To:

Michelle Scruggs Johnson
682 W. Pueblo St.
Reno, Nevada 89509



FF

CHECK

COUNTY RECORDER
600 DEP

FIRST CENTENNIAL
TITLE CO. OF NEVADA
WASHOE COUNTY, NEV.
RECORD REQUESTED BY

MAR 8 1983

312310

424
PH

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Klamath County Title
on this 18th day of Nov. A.D. 19 81
at 1:22 o'clock P M and duly recorded
in Vol. M93 of Deeds Page 20249
By Evelyn Biehn County Clerk
Deputy

Fee, \$15.00

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