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ASPEN 01043610

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1395 CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89106

2011214411
Esposito & Maggiore

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 20975

LOCAL FILE NUMBER | STATE FILE NUMBER

1. DECEASED—NAME (First, Middle, Last): Jessie Maxine WELKER
2. DATE OF DEATH (Month, Day, Year): April 16,1981
3a. COUNTY OF DEATH: Clark
3b. CITY, TOWN, OR LOCATION OF DEATH: Las Vegas
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Desert Springs Hospital
3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient
4a. RACE—(eg., White, Black, American Indian, etc.) (Specify): White
4b. ETHNIC: American
5a. AGE—Last Birthday (Years): 66
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MINS:
6. DATE OF BIRTH (Mo., Day, Yr.): May 3,1914
7. SEX: Female
8. STATE OF BIRTH (If not U.S.A., name country): Wyoming
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): William R. Welker
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13. SOCIAL SECURITY NUMBER: 263-05-4345
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Instructor
14b. KIND OF BUSINESS OR INDUSTRY: Cosmotology
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 247 Sir Phillip St.
15e. INSIDE CITY LIMITS (Specify Yes or No): NO
16. FATHER—NAME (First, Middle, Last): Floyd Burdick
17. MOTHER—MAIDEN NAME (First, Middle, Last): Bessie Easterbrook
18a. INFORMANT—NAME (Type or Print): William R. Welker - Husband
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 247 Sir Phillip Las Vegas Nevada 89110
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Palm Crematory
19c. LOCATION (City or Town, State): Las Vegas Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Van De Vere
20b. NAME AND ADDRESS OF FACILITY: Palm Mortuary 1325 N. Main St. Las Vegas Nev. 89101

To be Completed by CERTIFYING PHYSICIAN Only:
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): A. A. Washcher M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 4-18-81
21c. HOUR OF DEATH: 3:00 P.M.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER or Coroner Only:
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):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
22e. PRONOUNCED DEAD (Hour) AT:

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): A. A. Washcher M.D. 4230 S. Burnham Las Vegas Nevada
24a. REGISTRAR (Signature): Wanda Turpin, Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 20 1981

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Cardiac Failure — Interval between onset and death: 24 hrs -
DUE TO, OR AS A CONSEQUENCE OF:
(b) Pulmonary Failure — Interval between onset and death: 3 months -
DUE TO, OR AS A CONSEQUENCE OF:
(c) Met CA Lung from breast — Interval between onset and death: 1 yr. -

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): NO
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): NO

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY: M
28d. DESCRIBE HOW INJURY OCCURRED:
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. — CITY OR TOWN — STATE:

No. 25254

"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.

Date Issued: APR 21 1981

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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics
By:

23495

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 30th day of Aug A.D., 19 95 at 3:44 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 23494.

Bernetha G. Letsch, County Clerk

By Lynette Stanley

FEE $15.00 Return: ATC