

10-26-95A10:58 RCVD

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME	First	Middle	Last
1. Helen A. DENK			
2. August 15, 1995		3a. Clark	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Las Vegas		3c. Nathan Adelson Hospice	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 78	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Kansas		8. January 14, 1917	
SOCIAL SECURITY NUMBER		CITIZEN OF WHAT COUNTRY	
13. 512-01-9299		9b. U.S.A.	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Las Vegas	
FATHER—NAME		MOTHER—MAIDEN NAME	
16. Peter Sterk		17. Nary Mayerle	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS	
18a. Michael T. Denk - Husband		18b. 5429 Contera Ct Las Vegas Nevada 89120	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 2	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
21b. 8/17/95		22b. 8:40 AM	
21c. Ed Kingsley		22c. 8:40 AM	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON	
23a. Edwin Kingsley, M.D. 3920 So. Eastern Ave. Las Vegas, Nevada 89109		23b. 5208	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. AUG 18 1995	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART I (a) CARCINOMA OF UNKNOWN PRIMARY SITE METASTATIC TO PERITONEUM		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. INJURY AT WORK (Specify Yes or No)		28b. 28c. M	
28d. 28e. 28f. 28g.		28d. 28e. 28f. 28g.	

STATE REGISTRAR

No. 79883

"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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

Date Issued:

AUG 22 1995

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

105-383-1553

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29261

COUNTY OF Klamath
SHERIFF'S OFFICE
NOT A PUBLIC RECORD

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael T. Denk the 26th day
of October A.D., 19 95 at 10:58 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 29260.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE \$10.00

Return: Michael T. Denk
5429 Contera Ct
Las Vegas, NV 89120

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