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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

ROLL 82 IMAGE 697

CERTIFICATE OF DEATH

94 008072

LOCAL FILE NUMBER 1741

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First: Sharon Middle: Ann Last: KUMROW
2. DATE OF DEATH (Month, Day, Year): August 20, 1994
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH: Sparks
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Northern Nevada Medical Center
3d. If Hosp. or Inst., indicate DOA, OP/Emer. Rm, Inpatient (Specify): Inpatient
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.:
7a. AGE—Last Birthday (Years): 55
7b. UNDER 1 YEAR MOS / DAYS:
7c. UNDER 1 DAY HOURS / MINS:
8. DATE OF BIRTH (Mo., Day, Yr.): April 9, 1939
9a. STATE OF BIRTH (If not U.S.A., name country): Oregon
9b. CITIZEN OF WHAT COUNTRY: USA
10. Decedent's Education. Specify highest grade completed: 13
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Albert B. Kumrow
13. SOCIAL SECURITY NUMBER: 541-44-0856
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Bookkeeper 337
14b. KIND OF BUSINESS OR INDUSTRY: Trucking 410

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

15a. RESIDENCE—STATE: Oregon 38
15b. COUNTY: Klamath 18
15c. CITY, TOWN, OR LOCATION: Merrill
15d. STREET AND NUMBER: 335 Washington St.
15e. INSIDE CITY LIMITS (Specify Yes or No): yes

PARENTS

16. FATHER—NAME First: Eldon Middle: D. Last: Pendleton
17. MOTHER—MAIDEN NAME First: Florence Middle: W. Last: Fowler

18a. INFORMANT—NAME (Type or Print): Albert B. Kumrow
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 335 Washington Street Merrill, Oregon 97633

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal-Burial
19b. CEMETERY OR CREMATORY—NAME: Champeog Cemetery
19c. LOCATION City or Town State: Aurora, Oregon
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Dimmou Bundan
20b. FUNERAL DIRECTOR LICENSE NUMBER: 9
20c. NAME AND ADDRESS OF FACILITY: O'Brien-Rogers & Crosby 15 600 West Second Street Reno, Nevada 89503

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

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): Calvin VanReken MD
21b. DATE SIGNED (Mo., Day, Yr.): 8/23/94
21c. HOUR OF DEATH: 2159
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

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. (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:

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Calvin VanReken, MD 2385 E. Prater Way Sparks Nevada
23b. LICENSE NUMBER: 4226

24a. REGISTRAR (Signature): Sheila Bax Dep.
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 23, 1994
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

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

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

PART I
(a) Respiratory Arrest — Interval between onset and death: 5 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Brain herniation — Interval between onset and death: 2 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(c) Stroke — Interval between onset and death: 12 hours

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PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I: Hypertension, tobacco abuse

26. AUTOPSY (Specify Yes or No): no
27. WAS CASE REFERRED TO 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:
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

Please return to Albert Kumrow PO Box 331 Merrill, OR 97633

No. 065855

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

By: Yvonne Sylva

Date Issued: APR 08 1996

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 11th day of April A.D., 19 96 at 3:37 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 10223.

Bernetha G. Letsch, County Clerk

By

FEE $10.00