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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

CERTIFICATE OF DEATH 4172

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER 670

STATE FILE NUMBER 75-001334

DECEASED

1. DECEASED—NAME: FIRST Marie; MIDDLE; LAST VELGOS
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): April 8, 1975
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 2, 1897
5e. COUNTY OF DEATH: Clark
6a. CITY, TOWN, OR LOCATION OF DEATH: Las Vegas
6b. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
6c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Las Vegas Convalescent Hospital
7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois
8. CITIZEN OF WHAT COUNTRY: U.S.A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
11. SOCIAL SECURITY NUMBER: 351-10-4470
12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (STATE): Nevada
13b. COUNTY: Clark
13c. CITY, TOWN, OR LOCATION: Las Vegas
13d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
13e. STREET AND NUMBER: 3000 McCloud Drive

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

14. FATHER—NAME: FIRST Anthony; MIDDLE; LAST Macowski
15. MOTHER—MAIDEN NAME: FIRST; MIDDLE; LAST

INFORMANT

16a. INFORMANT—NAME: George Velgos, son
16b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3000 McCloud Dr, Las Vegas, Nevada 89121

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

17. IMMEDIATE CAUSE (a): Severe cerebral and carotid arteriosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Several months

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF: (b): with cerebral atrophy

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): Generalized and coronary arteriosclerosis

18a. AUTOPSY (YES OR NO): No
18b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
19b. DATE OF INJURY (MONTH, DAY, YEAR):
19c. HOUR:
19d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
19e. INJURY AT WORK (SPECIFY YES OR NO):
19f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
19g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

20a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): Feb. 2, 1975
20b. TO (MONTH, DAY, YEAR): April 8, 1975
20c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): April 7, 1975
20d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
20e. DEATH OCCURRED (HOUR): 6:40A M.
20f. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION; IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH
20g. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) M.
21a. CERTIFIER—NAME (TYPE OR PRINT): DR. GEORGE
21b. SIGNATURE: Joseph M. George Jr, MD
21c. DEGREE OR TITLE
21d. DATE SIGNED (MONTH, DAY, YEAR): April 8, 1975
21e. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 637 SAHARA AVE. L.V. Nev.

BURIAL

22a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
22b. CEMETERY OR CREMATORY—NAME: St. Adalbert's Cemeter
22c. LOCATION (CITY OR TOWN, STATE): Chicago, Illinois
22d. DATE (MONTH, DAY, YEAR): April 9, 1975
22e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Palm Mortuary 1325 North Main, Las Vegas, Nevada 89101
23a. FUNERAL DIRECTOR—SIGNATURE: Charles M. Thomas
23b. REGISTRAR—SIGNATURE: Grace Bordessa, Dep
23c. DATE RECEIVED BY LOCAL REGISTRAR: Apr. 8, 1975

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

Date Issued: MAY 18 1998

Yvonne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Michael Velgos the 28th day of July A.D., 19 98 at 10:55 o'clock A. M., and duly recorded in Vol. M98, of Deeds on Page 27558.

FEE $10.00

Return: Michael Velgos
127 Muddy Creek Ave.
Las Vegas, Nv. 89123

Bernetha G. Letsch, County Clerk
By Kathleen Ross