

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 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	1. DECEASED—NAME First Middle Last George Robert CAMPBELL			2. DATE OF DEATH (Month, Day, Year) February 11, 1993		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3a. COUNTY OF DEATH Carson City		
DECEDENT	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3018 Houser Way		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.		4. SEX Male	
	5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		8. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		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.) August 21, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 14	
	11. SOCIAL SECURITY NUMBER 8123		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Police Officer		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
	13. RESIDENCE—STATE Nevada		15b. COUNTY Carson City		14b. KIND OF BUSINESS OR INDUSTRY City of Los Angeles	
PARENTS	15a. FATHER—NAME First Middle Last Robert D. Campbell			17. MOTHER—MAIDEN NAME First Middle Last Pauline Hughes		
	18a. INFORMANT—NAME (Type or Print) Pauline Campbell			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3018 Houser Way, Carson City, Nevada 89701		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada	
DISPOSITION	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Walter Heston</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 21		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nv. 89706	
	21a. 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) <i>Bruce Gray</i> DATE SIGNED (Mo., Day, Yr.) 2-12-93 21b. HOUR OF DEATH 1500 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bruce Gray MD, 805 N. Division St., Carson City, Nevada 89703 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Bruce Gray MD, 805 N. Division St., Carson City, Nevada 89703			22a. 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) _____ DATE SIGNED (Mo., Day, Yr.) _____ 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. PRONOUNCED DEAD (Hour) 22e. ON 22f. AT		
	23a. REGISTRAR 24a. (Signature) <i>Debra Beckman</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb. 16, 1993		
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) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: CAD (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ PART II Alcoholism OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY 28c. DESCRIBE HOW INJURY OCCURRED 28d. M			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
	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					

SEAL No. 049690

STATE REGISTRAR *Gyranne Silva*

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

Date Issued: **FEB 19 1993**

Deputy Registrar



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WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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