





**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO 4063940

**CERTIFICATE OF DEATH**

2019001830  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

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

1a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX) <b>Denise Leslie INGRAM</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 25, 2019</b>		3a COUNTY OF DEATH <b>Clark</b>	
3b CITY TOWN OR LOCATION OF DEATH <b>Henderson</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either give street and <b>545 Carmel Mesa Drive</b> Inpatient(Specify) <b>Home</b>		4 SEX <b>Female</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a AGE Last birthday (Years) <b>66</b>	7b UNDER 1 YEAR MOS DAYS	7c UNDER 1 DAY HOURS MINS
8 DATE OF BIRTH (Mo/Day/Yr) <b>March 23, 1952</b>		9a STATE OF BIRTH (if not US/CA name country) <b>California</b>		9b, CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11 MARITAL STATUS (Specify) <b>Divorced</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>0335</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Warehouse man</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Utility</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Clark</b>	15c CITY TOWN OR LOCATION <b>Henderson</b>	15d STREET AND NUMBER <b>545 Carmel Mesa Drive</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Calvin Harvey BRAREN</b>			17 MOTHER/PARENT NAME (First Middle Last Suffix) <b>Beverly CLARK</b>		
18a INFORMANT - NAME (Type or Print) <b>Michael BRAREN</b>		18b MAILING ADDRESS (Street or R F D No, City or Town State Zip) <b>1399 Waterloo Lane, Gardnerville Nevada 89410</b>			
19a BURIAL CREMATION REMOVAL OTHER (Specify) <b>Crementation</b>		19b CEMETERY OR CREMATORY NAME <b>Paradise Valley Crematory</b>		19c LOCATION City or Town State <b>Las Vegas Nevada 89119</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILIP W SMITH</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD922</b>	20c NAME AND ADDRESS OF FACILITY <b>Davys Funeral Home and Memorial Park</b> <b>6200 S Eastern Las Vegas NV 89119</b>		
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time date and place and due to the cause(s) stated (Signature & Title) <b>JENNIFER N CORNEAL MD</b> SIGNATURE AUTHENTICATED			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 & Title)		
21b DATE SIGNED (Mo/Day/Yr)		21c HOUR OF DEATH		22b DATE SIGNED (Mo/Day/Yr)	
				<b>February 01 2019</b> <b>08 40</b>	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)
			<b>January 25, 2019</b>		<b>08 40</b>
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jennifer N Corneal MD 1704 Pinto Lane Las Vegas, NV 89106</b>				23b LICENSE NUMBER <b>15917</b>	
24a REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 01, 2019</b>		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c))					
PART I (a) <b>Complications Of Multiple Sclerosis</b> Interval between onset and death					
DUE TO OR AS A CONSEQUENCE OF 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					
(d) 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				26 AUTOPSY (Specify Yes or No) <b>No</b>	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
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	

STATE REGISTRAR

VRS Rev 20120523a

"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440 175

DATE ISSUED **FEB. 06 2019** Registrar of Vital Statistics  
By *Kenderson*  
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar,  
SOUTHERN NEVADA HEALTH DISTRICT • P O Box 3902 Las Vegas, NV 89127 702-759-1010 Tax ID # 88 0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE