

393
TYPE OF PRINT IN
PERMANENT FILE
BOOK FOR
EFFECTIVE

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION

1656

DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 7630

DECEASED—NAME 1. Effie Beatrice AXTELL , female		DATE OF DEATH—MONTH, DAY, YEAR October 20, 1972	
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 2. White		AGE—LAST BIRTHDAY (YEARS) 3. 29	DATE OF BIRTH—MONTH, DAY, YEAR 4. Sept. 24, 1923
CITY, TOWN, OR LOCATION OF DEATH 5. Las Vegas		COUNTY OF DEATH 6. Clark	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 7. Oklahoma		CITIZEN OF WHAT COUNTRY 8. U.S.A.	
SOCIAL SECURITY NUMBER 9. [REDACTED]		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	
RESIDENCE—STATE 11. Nevada		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. Ralph Axtell	
COUNTY 13. Clark		KIND OF BUSINESS OR INDUSTRY 14. Own home	
CITY, TOWN, OR LOCATION 15. Las Vegas		STREET AND NUMBER 16. 3850 Boulder Hwy. #69	
FATHER—NAME 17. George Scoggins		MOTHER—MAIDEN NAME 18. Marion J. Vance	
INFORMANT—NAME 19. Ralph Axtell, husband		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20. 3850 Boulder Hwy. Sp. #69, Las Vegas, Nevada 89109	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) Pulmonary Edema		21. 2 days	
(b) Viral pneumonitis		22. 5 days	
PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART I, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—MONTH, DAY, YEAR 23. 10 1 72 TO 10 20 72 AND LAST SAW HIM/HER ALIVE ON 10 19 72			
CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, HEAT OF OPINION, PLACE OCCURRED ON THE DATE AND HOUR TO THE CAUSE(S) STATED.			
CERTIFIER—NAME, TYPE OF PERMIT 24. Neil Carmenta M.D.		SIGNATURE 25. [Signature]	DATE SIGNED (MONTH, DAY, YEAR) 26. 10-24-72
MAILING ADDRESS—CERTIFIER 27. 2800 Rancho Las Vegas Nevada 89105		CITY OR TOWN, STATE	
BURIAL, CREMATION, REMOVAL (SPECIFY) 28. Cremation		CEMETERY OR CREMATORY—NAME 29. Palm Crematory	
DATE 30. October 24, 1972		LOCATION 31. Las Vegas Nevada	
FUNERAL HOME—NAME AND ADDRESS 32. Palm Mortuary, 1325 N. Main, Las Vegas, Nevada 89101		CITY OR TOWN, STATE, ZIP	
FUNERAL DIRECTOR—SIGNATURE 33. [Signature]		REGISTERED SIGNATURE 34. Wanda Harris - Rep	DATE RECEIVED BY LOCAL REGISTRY 35. 10-24-72

Las Vegas, Nevada 11-13-72

I hereby certify that this is a true and correct copy of the Vital Statistic record on file with the Clark County District Health Department.

OTTO RAVENHOLT, M.D., District Registrar
By Wanda Harris, Deputy

53381 FILED AND RECORDED AT REQUEST OF Ray Free
Aug. 29, 1973 AT 45 MINUTES PAST 10 O'CLOCK A.M. IN BOOK 8 OF OFFICIAL
RECORDS PAGE 244 LINCOLN COUNTY, NEVADA

BOOK 8 PAGE 228