

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89710

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
386 DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK ME HANDBOOK FOR INSTRUCTIONS

DECEASED
LOCAL RESIDENTS WHOSE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

1 DECEASED—NAME LAST FIRST MIDDLE Lavenard Hartley		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Nov. 14, 1976
2 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White		AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 65	DATE OF BIRTH (MONTH, DAY, YEAR) Mar. 30, 1913
3 CITY, TOWN, OR LOCATION OF DEATH Caliente		4 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) Yes Lincoln County Hospital	5 COUNTY OF DEATH Lincoln
6 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Utah		7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	8 SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Edna Merle Parkinson
9 SOCIAL SECURITY NUMBER		10 USUAL OCCUPATION (GIVE KIND OF WORK OR BUSINESS, IF ANY) Rtd. Hoist Operator	11 KIND OF BUSINESS OR INDUSTRY Mining
12 RESIDENCE—STATE Nevada		13 COUNTY Lincoln	14 CITY, TOWN, OR LOCATION Panaca
15 FATHER—NAME (FIRST MIDDLE LAST) Mathew E. Hartley		16 MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) Alvaretta Russell	
17 INFORMANT—NAME Edna M. Hartley		18 MARRIAGE ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) P.O. Box 62 Panaca, Nevada 89042	
19 PART I DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			
20 (a) IMMEDIATE CAUSE 162.1 Cerebral Metastasis		21 APPROXIMATE PERIOD BETWEEN ONSET AND DEATH 6 mos	
22 (b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (e.g., STRAINING THE UMBILICAL CORD) D Pulmonary Ca (Bronchogenic)		23 1 yr	
24 PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I) D Pulmonary Extension + Bone			
25 ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR OR UNDETERMINED (SPECIFY)		26 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 12)	
27 INJURY AT WORK (SPECIFY YES OR NO)		28 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)	
29 CERTIFICATION—PHYSICIAN ATTENDED THE DECEASED FROM (MONTH DAY YEAR) TO (MONTH DAY YEAR) AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) BODY OPENED (YES OR NO) DEATH OCCURRED AT THE PLACE OF THE EXAMINATION OF THE BODY AND/OR ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR ON THE BASIS OF THE DEATH OCCURRED ON THE DATE AND GAVE TO THE CAUSING STATE. 29a Nov 2 76 29b Nov 14, 76 29c Nov 14, 76 29d Did 29e 3:40p			
30 CERTIFIER—NAME (TYPE OR PRINT) S. E. Deal M.D.		31 SIGNATURE <i>S. E. Deal</i>	
32 MARRIAGE ADDRESS—CERTIFIER P. O. Box 556, Caliente, Nevada 89007		33 DATE SIGNED (MONTH, DAY, YEAR) Nov 15, 76	
34 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		35 CEMETERY OF CREMATORY—NAME Cedar City Cemetery Cedar City Utah	
36 DATE (MONTH, DAY, YEAR) Nov. 17, 76		37 FUNERAL HOME—NAME AND ADDRESS Lincoln County Mortuary Box 236 Caliente, Nev	
38 FUNERAL DIRECTOR—SIGNATURE <i>P. J. J...</i>		39 REGISTRAR—SIGNATURE <i>Jacob P. D...</i>	
39a		39b DATE RECEIVED BY LOCAL REGISTRAR 11-16-76	

Notar-



I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

NOV 19 1976

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH

Jack Homeyer
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics

Lucille Steiner