



CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89106

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

1 DECEASED—NAME First Middle Last <b>Marion King STEWART</b>		2 DATE OF DEATH (Month, Day, Year) <b>Feb. 21, 1979</b>		3a COUNTY OF DEATH <b>Clark</b>	
4 CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		5 HOSPITAL OR OTHER INSTITUTION—name (if not in 4, give street and number) <b>Sunrise Hospital</b>		6 Hospital or Inst. Indicate I.D.A., O.P., Home, Hosp., Institution (Specify) <b>Inpatient</b>	
7a RACE—(Ind. White, Black, American Indian, etc.) (Specify) <b>White</b>		7b ETHNIC <b>Scotch</b>		8 DATE OF BIRTH (Mo., Day, Yr.) <b>Dec. 9, 1900</b>	
9 STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		10 CITIZEN OF WHAT COUNTRY <b>USA</b>		11 SEX <b>Male</b>	
12 SOCIAL SECURITY NUMBER [REDACTED]		13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		14 SURVIVING SPOUSE (if wife, give maiden name) <b>Lourana E. Bliss</b>	
15 RESIDENCE—STATE <b>Nevada</b>		16 COUNTY <b>Lincoln</b>		17 CITY, TOWN, OR LOCATION <b>Alamo</b>	
18 FATHER—NAME <b>William Thomas Stewart Sr.</b>		19 MOTHER—MAIDEN NAME <b>Mary Ann Udall</b>		20 STREET AND NUMBER <b>P.O. Box 245</b>	
21 INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		22 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) <b>Dairy Farmer</b>		23 KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	
24 FATHER—NAME <b>William Thomas Stewart Sr.</b>		25 MOTHER—MAIDEN NAME <b>Mary Ann Udall</b>		26 MOTHER—MAIDEN NAME <b>Mary Ann Udall</b>	
27 INFORMANT—NAME (Type or Print) <b>Lourana E. Stewart (Wife)</b>		28 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 245, Alamo, Nevada 89001</b>		29 BIRTH (Mo., Day, Yr.) <b>Dec. 9, 1900</b>	
30 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		31 CEMETERY OR CREMATORY—NAME <b>Alamo</b>		32 LOCATION <b>Alamo Nevada</b>	
33 FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) <i>David Bentley</i>		34 NAME AND ADDRESS OF FACILITY <b>Bunker Mortuary 925 L.V. Blvd. No. Las Vegas, Nev.</b>		35 CITY OR TOWN <b>89101</b>	
36 SIGNATURE OF CERTIFIER <i>Norman Venger M.D.</i>		37 DATE SIGNED (Mo., Day, Yr.) <b>2/22/79</b>		38 HOUR OF DEATH <b>6:20 AM</b>	
39 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Norman Venger, M.D.</b>		40 ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print) <b>3196 S. Maryland Pky, Las Vegas, Nv 89109</b>		41 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>FEB 22 1979</b>	
42 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3)) <b>Acute Myocardial Infarction</b>		43 DUE TO OR AS A CONSEQUENCE OF <b>Generalized arteriosclerosis</b>		44 INTERVAL BETWEEN ONSET AND DEATH <b>1+ weeks</b>	
45 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>None</b>		46 AUTOPSY (Specify Yes or No) <b>No</b>		47 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) <b>No</b>	
48 DATE OF INJURY (Mo., Day, Yr.)		49 HOUR OF INJURY		50 (DESCRIBE HOW INJURY OCCURRED)	
51 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		52 LOCATION		53 STREET OR R.F.D. No.	
54 CITY OR TOWN		55 STATE		56	

No 00935

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

FILED AND RECORDED AT REQUEST OF  
*John McGimsey*  
MAR. 19. 1979  
AT 45 MINUTES PAST 10 O'CLOCK  
LINCOLN COUNTY, NEVADA, RECORDS  
*Spencer Sefton*

NOT VALID WITHOUT THE  
RAISED SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO SAVERHOLT, M.D.  
Registrar of Vital Statistics