

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

VS 2 10M-2-55  
BIRTH No. \_\_\_\_\_

NEVADA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE No. 55-107

393

### CERTIFICATE OF DEATH

REGISTRAR'S No. 398

1. PLACE OF DEATH a. COUNTY <u>Washoe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nevada</u> b. COUNTY <u>Washoe</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Reno</u>		c. LENGTH OF STAY (in this place) <u>12 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washoe Medical Center</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Sparks</u>	
		d. STREET ADDRESS (If rural, give location) <u>1129 D St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hyrum</u>		b. (Middle) <u>Earl</u>	
		c. (Last) <u>Belnap</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 18, 1890</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		9. AGE (In years last birthday) <u>64</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Hooper, Utah</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Hyrum Belnap</u>		14. MOTHER'S MAIDEN NAME <u>Anna C. Bluth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>722-14-0094</u>	
		17. INFORMANT <u>Mrs. Emma Lou Belnap wife</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease</u>		<u>5 years</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 9, 1952</u> , to <u>June 29, 1955</u> , that I last saw the deceased alive on <u>Jun. 29, 1955</u> , and that death occurred at <u>12:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George A. Lawrence</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Reno, Nevada</u>	
23c. DATE SIGNED <u>6/30/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6/2/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ogden, Utah</u>	
DATE REC'D BY LOCAL REG. <u>7-5-55</u>		REGISTRAR'S SIGNATURE <u>W. Dalosta</u>	
25. FUNERAL DIRECTOR <u>O'Brien-Rogers Co.</u>		ADDRESS <u>Reno, Nevada</u>	

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

By:

George A. Lawrence

Date Issued:

OCT 15 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

