

STATE OF NEVADA - DEPARTMENT OF HEALTH - SECTION OF VITAL STATISTICS
 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

584-05

ROLL 56 IMAGE 243

600

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN RESIDENTIAL SET HANDS ON IN CAR OR ON PUBLIC HIGHWAY, CHECK THIS BOX

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED - NAME First Middle Last 1 Edwin Richard WUSTHOFF		STATE FILE NUMBER COUNTY OF DEATH 2 Washoe	
CITY, TOWN, OR LOCATION OF DEATH 3a Reno		HOSPITAL OR OTHER INSTITUTION - Name (If not enter, give street and number) 3c Washoe Medical Center	
INSIDE CITY LIMITS (Specify Yes or No) 3d Yes		If Hosp or Inst indicate: (U.S.A., OP, Embr, Res, Inpatient) (Specify) 3e Inpatient	
RACE - (e.g., White, Black, American Indian, etc.) (Specify) 4a White		ETHNICITY 4b American	
AGE - Last Birthday (Years) 5a 62		UNDER 1 YEAR 5b MOS : DAYS 5c HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.) 6 July 5, 1921		SEX 7 Male	
STATE OF BIRTH (If not U.S.A., name country) 8 New York		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		SURVIVING SPOUSE (If wife, give maiden name) 11 Vera M. Beranek	
WAS DEATH IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes			
SOCIAL SECURITY NUMBER 13 2078		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Timekeeper	
KIND OF BUSINESS OR INDUSTRY 14b Gaming			
RESIDENCE - STATE 15a Nevada		COUNTY 15b Douglas	
CITY, TOWN, OR LOCATION 15c Stateline		STREET AND NUMBER 15d 215 Terrace View	
INSIDE CITY LIMITS (Specify Yes or No) 15e No			
FATHER - NAME First Middle Last 16 Paul Henry Wusthoff		MOTHER - MAIDEN NAME First Middle Last 17 Olga Olga Digel	
MARRIAGE - NAME (Type or Print) 18a Vera M. Wusthoff		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b P.O. Box 3977 Stateline, Nevada 89449	
BURIAL, CREMATION, RE MOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY - NAME 19b Mt. View Crematory	
LOCATION City or Town State 19c Reno Nevada			
FURNITURE DIRECTOR'S SIGNATURE (By Personal Services Staff) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b Ross Burke & Knobel 2155 Keitzke Lane Reno Nevada 89502	
21a To the best of my knowledge, health as reported at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b April 23, 1984		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 and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b [Blank]	
21c HOUR OF DEATH 21c 0415		22c HOUR OF DEATH 22c [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d Robert K. Myles, MD 2005 Silverado, Reno, Nevada 89512		22d ON 22e AT	
REGISTRAR 24a (Signature) [Signature] Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b April 23, 1984	
DEATH DUE TO COMMUNICABLE DISEASE 24c YES [] NO [X]			
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Metastatic carcinoma of Lung DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death 1 yr	
(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	
OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in PART I (a)) PART II		AUTOPSY (Specify Yes or No) 26 No	
WAS CASE REPORTED TO CORONER (Specify Yes or No) 27 No			
ALL SUICIDE, TRAUMA, OR HANGING MUST (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	
HOUR OF INJURY 28c		DESCRIBE HOW INJURY OCCURRED 28d	
INJURY AT WORK (Specify Yes or No) 29a		PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 28f	
LOCATION 28j		STREET OR R.F.D. No. 28k	
CITY OR TOWN 28l		STATE 28m	

VITAL RECORDS

100707 46934
 BOOK 584 P 9 1004-A

OFFICE OF THE CLERK OF COURTS
COUNTY OF THE WASHINGTON

CA. APR 25 1984

Michael J. Ford

CLERK OF COURTS

[Signature]
DEPUTY REGISTRAR

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REQUESTED BY
DOUGLAS COUNTY TITLE

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$7.00 pl.
1984 MAY 11 PM 12:44

SUZANNE BEAUDREAU
RECORDER

Betty Heaton
Rep

100707

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