

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

ROLL 45 IMAGE 370
LOCAL FILE NUMBER

1521

78-005294

STATE FILE NUMBER

DECLAIED NAME First Middle Last Rosemary Anna Rosemary HATTER		DATE OF DEATH (Month Day Year) December 3, 1978		COUNTY OF DEATH Washoe	
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION (Name of not over 40 characters, street and number) Washoe Medical Center		PLACE OF DEATH (Specify if in a hospital, nursing home, etc.) Inpatient	
RACE (e.g. White, Black, American Indian, etc.) White		ETHNICITY German-English		AGE - Last Birthday (Years) MOY : DAYS 59	
DATE OF BIRTH (Mo. Day Yr.) May 19, 1919		SEX Female		MARRIED (Never Married, Widowed, Divorced, Separated) Married	
STATE OF BIRTH (Name of country) Kansas		CITIZEN OF WHAT COUNTRY USA		SURVIVING SPOUSE (if wife give maiden name) Edwin Earl Hatter	
APPLICABLE TELEPHONE NUMBER -6063		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Management Analyst		FIELD OF BUSINESS OR INDUSTRY U. S. Naval Base	
RESIDENCE - STATE Nevada		COUNTY Douglas		CITY, TOWN OR LOCATION Gardnerville	
STREET AND NUMBER Route 1, Box 283		APPROXIMATE MONTH OF DEATH No			
FATHER'S NAME First Middle Last Luther Clarence Kime		MOTHER'S MAIDEN NAME First Middle Last Virginia Myrtle Garrett			
PREDECESSOR - NAME (Type or Print) Edwin E. Hatter		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Route 1, Box 283, Gardnerville, Nevada			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORIUM - NAME Masonic Crematorium		LOCATION (City or Town, State) Reno, Nevada	
NAME AND ADDRESS OF FACILITY (Type or Print) Walton Funeral Home		ADDRESS (Street, City, State, Zip) 875 W. Second St., Reno, Nevada			
1a. To the best of my knowledge, death occurred on the time, date and place stated for the cause(s) stated. (Signature and Title) <i>Robert C. Simon, M.D.</i>		2a. 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) <i>Robert C. Simon, M.D.</i>			
DATE SIGNED (Mo. Day Yr.) 12-06-78		HOUR OF DEATH 6:20P		DATE SIGNED (Mo. Day Yr.) 12-06-78	
NAME OF ATTENDING PHYSICIAN (Type or Print) ROBERT C. SIMON, M.D., 850 Mill St Suite 302, Reno, Nev 89502		MEDICAL EXAMINER (Type or Print) ROBERT C. SIMON, M.D., 850 Mill St Suite 302, Reno, Nev 89502		PRONOUNCED DEAD (Mo. Day Yr.) 12-06-78	
NAME AND ADDRESS OF REGISTRAR (Type or Print) Linda Williamson, Deputy Registrar		DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) December 7, 1978			
IMMEDIATE CAUSE OF DEATH (Type or Print) As a consequence of		INTERVAL BETWEEN ONSET AND DEATH 6 mos		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) As a consequence of		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
AUTOPSY (Specify Yes or No) No		WAS THIS DEATH REPORTED TO MEDICAL EXAMINER (Specify Yes or No) No			
DATE OF DEATH (Mo. Day Yr.) 12-03-78		HOURS OF DEATH 6:20P		DESCRIBE HOW DEATH OCCURRED SEAL	
PLACE OF DEATH (Address, farm, street, factory, office, nursing home, etc.) Reno, Nevada		LOCATION Washoe Medical Center		STREET OR R.F.D. No. CITY OR TOWN STATE Route 1, Box 283, Gardnerville, Nevada	

Information added: January 2, 1979; Item #1.; State Affidavit 15422

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

Date Issued: *12-06-78*

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

No. 006229



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SUZANNE WEAVER
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*sl*⁰⁰ PAID *JL* DEPUTY

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