



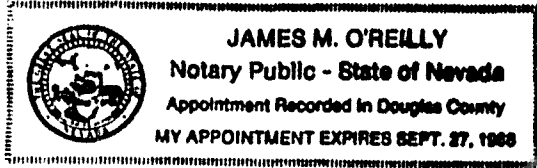
and that said decedent died on the 20th day of July, 1986.

Mary Theresa Rubino  
MARY THERESA RUBINO

SUBSCRIBED AND SWORN to before me

this 22 day of August, 1986.

James M. O'Reilly  
Notary Public



COOPY

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

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

ROLL 61 IMAGE 414

LOCAL FILE NUMBER **1178**

STATE FILE NUMBER

	DECEASED—NAME	First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH	
	1.	<b>Dominic</b>	<b>Frank</b>	<b>RUBINO</b>	2. <b>July 20, 1986</b>	3a. <b>Washoe</b>	
	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	3b. <b>Reno</b>		3c. <b>Washoe Medical Center</b>		3d. <b>Yes</b>	3e. <b>Inpatient</b>	
	RACE—(e.g., White, Black, American Indian, etc) (Specify)	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	4a. <b>White</b>	4b. <b>Italian</b>	5a. <b>71</b>	5b. :	5c. :	6. <b>June 18, 1915</b>	
	7. <b>Male</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
	8. <b>Idaho</b>	9. <b>U.S.A.</b>		10. <b>Married</b>		11. <b>Mary Scattaglia</b>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	13. <b>-7232</b>		14a. <b>Superintendent</b>		14b. <b>Rock Quarry</b>		
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Topaz Lake</b>		15d. <b>1944 Austin</b>	15e. <b>No</b>	
	FATHER—NAME	First	Middle	Last	MOTHER—MAIDEN NAME	First Middle Last	
	16.	<b>Vito</b>		<b>Rubino</b>	17.	<b>Carmella Franks</b>	
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. <b>Mary Rubino</b>			18b. <b>Rt. 2, Gardnerville, Nevada 89410</b>			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION	City or Town State	
	19a. <b>Burial/Removal</b>		19b. <b>San Fernando Mission Cemetery</b>		19c. <b>San Fernando, California</b>		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY				
	20a. <i>[Signature]</i>		20b. <b>Ross Burke &amp; Knobel 2155 Kietzke Lane, Reno, Nevada</b>				
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			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) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		
	21b. <b>7/22/86</b>		21c. <b>14:10</b>		22b. _____		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21d. _____			22d. <b>ON</b>		22e. <b>AT</b>	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)						
	23. <b>G. L. Abrass, M. D. 85 Kirman Ave. Suite 102 Reno, Nevada 89502</b>						
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) <i>[Signature]</i> Dep.	24b. <b>July 22, 1986</b>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
	PART I	(a) <b>Respiratory Failure</b>		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(b) <b>Lung Cancer</b>		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(c) _____		Interval between onset and death			
	PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
					26. <b>Yes</b>	27. <b>No</b>	
	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a. _____	28b. _____	28c. <b>M</b>	28d. _____			
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE	
	28e. _____	28f. _____		28g. _____	_____	_____	

No 60551  
140461  
BOOK 986 PAGE 651

VITAL RECORDS

## EXHIBIT A

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

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

PROXY

055174

REQUESTED BY  
*James M O'Reilly*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'86 SEP -5 P12:15

SUZANNE BEAUREAU  
RECORDER

\$ 800 PAID KR DEPUTY **140461**

BOOK **986** PAGE **652**

SEAL

*Charles H. Blair*  
REGISTERED VITAL EXAMINER  
STATE OF NEVADA

CHI  
JUL 25 1986

RECEIVED FROM THE VITAL RECORDS  
OFFICE OF THE WASHOE COUNTY  
DISTRICT HEALTH DEPARTMENT,  
RENO, WASHOE COUNTY, NEVADA.

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