



# 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 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1 Albert J. KOLBE			2 March 1, 1990		
	3b Carson City			3a Carson City		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b Carson City			3c Carson-Tahoe Hospital		
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			If Hosp. or Inst. indicate DOA, OPI/Emer. Rm Inpatient (Specify)		
	16 Henry Kolbe			17 Mary Blatz		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a Cremation			19b FitzHenry's Crematory		
CERTIFIER	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16 Henry Kolbe			17 Mary Blatz		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a Ruth E. Kolbe			18b Rt. 3, Box 385, Minden, Nevada 89423		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a <i>[Signature]</i>			20b #36		
CAUSE OF DEATH	FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY			FUNERAL DIRECTOR LICENSE NUMBER		
	20c Crematory, P.O. Box 1775, Carson City, NV 89702			20b #36		
CAUSE OF DEATH	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)			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) and manner stated. (Signature and Title)		
	21b March 1, 1990			22b DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21c HOUR OF DEATH			22c HOUR OF DEATH		
	21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)			22d ON		
CAUSE OF DEATH	21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e AT		
	21f LICENSE NUMBER			22f AT		
CAUSE OF DEATH	23a C. Soong, M.D., 710 W. Washington Street, Carson City, NV 89703			23b #2717		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
CAUSE OF DEATH	24a <i>[Signature]</i>			24b March 1, 1990		
	24c DEATH DUE TO COMMUNICABLE DISEASE			24d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death		
	PART I (a) Metastatic carcinoma liver f bone.			Interval between onset and death		
CAUSE OF DEATH	PART I (b) Unknown primary			Interval between onset and death		
	PART II (c) Dementia w/ low pressure hydrocephalus			Interval between onset and death		
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No)		
	26 NO			27 NO		
CAUSE OF DEATH	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
	28a			28b		
CAUSE OF DEATH	HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
	28c			28d		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28e			28f		
CAUSE OF DEATH	LOCATION			STREET OR R.F.D. No.		
	28g			28h		

500K 233815 890 PAGE 5567 STATE REGISTRAR

SEAL No. 014586

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

Date Issued: MAR 1 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
**STEWART TITLE of DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'90 AUG 31 P4:48

SUZANNE BEAUDREAU  
RECORDER **233815**  
\$ 7<sup>00</sup> PAID K17 DEPUTY  
BOOK **890** PAGE **5568**