

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

90 009031

	LOCAL FILE NUMBER	DECEASED—NAME 1. Evelyn Brooks MANDEVILLE	DATE OF DEATH (Month, Day, Year) 2. December 25, 1990	STATE FILE NUMBER	COUNTY OF DEATH 3a. Carson City			
DECEDENT		3b. Carson City	3c. Sierra Convalescent Center	3e. Inpatient 6	4. Female			
		RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 74	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. February 21, 1916	
PARENTS		STATE OF BIRTH (If not U.S.A., name country) 9a. Arizona	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Clyde Mandeville		
		SOCIAL SECURITY NUMBER 13. 7039	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Secretary—Bookkeeper	R	KIND OF BUSINESS OR INDUSTRY 14b. Construction Industry			
DISPOSITION		RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1288 Bolivia Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
		FATHER—NAME First Middle Last 16. Carl Brooks	MOTHER—MAIDEN NAME First Middle Last 17.	INFORMANT—NAME (Type or Print) 18a. Clyde Mandeville			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 537, Gardnerville, Nevada 89410	
CERTIFIER		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Masonic Crematory	LOCATION 19c. Reno Nevada	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Willie Williston</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. 1281 N. Roop Street, Carson City, Nevada 89706
		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>Joseph Heflin MD</i> DATE SIGNED (Mo., Day, Yr.) 21b. 12/26/90 HOUR OF DEATH 21c. 0515 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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) _____ DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT				
CAUSE OF DEATH		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Joseph Heflin MD, 1540 Hwy. 395, Gardnerville, Nevada 89410			LICENSE NUMBER 23b. 5873			
		REGISTRAR 24a. (Signature) <i>Lutz M. Sauer</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 26, 1990	DEATH DUE TO COMMUNICABLE DISEASE 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) cerebrovascular accident DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
		(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				
	PART II	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	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
		ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (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) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

STATE REGISTRAR

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

Date Issued: **MAY 11 1992**

By *Lutz M. Sauer* No. **020356**
Deputy Registrar

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IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

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