

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 75 IMAGE 738

LOCAL FILE NUMBER

386

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Linda Lea HEINRICH		2. February 16, 1992		3a. Washoe
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not ether, give street and number)		II Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)
	2b. Reno		3c. Washoe Medical Center		3e. Inpatient
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		SEX
	6. Charles Hoffman		7. Isabel Atherton		4. Female
DISPOSITION	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		8. March 14, 1935
CERTIFIER	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
	9a. California		9b. U.S.A.		10. 12
CAUSE OF DEATH	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
	13. 4427		14a. Homemaker		14b. Own Home
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a. Nevada		15b. Douglas	15c. Gardnerville	15d. 1025 Kimberly
REGISTRAR	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. Ernest Heinrich		17. Isabel Atherton		
INFORMANT	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Ernest Heinrich		18b. 1025 Kimberly, Gardnerville, Nevada 89410		
REGISTRAR	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Cremation		19b. Sierra Crematory		19c. Reno, Nevada
REGISTRAR	FURNAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FURNAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a. [Signature]		20b. 25	20c. 1745 Sullivan Lane, Sparks, Nevada 89431	
REGISTRAR	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)		
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.)
REGISTRAR	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c. HOUR OF DEATH		22c. HOUR OF DEATH
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		21e. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)
REGISTRAR	23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		23b. WCC S. 35		22e. PRONOUNCED DEAD (Hour)
	23c. WCC S. 35		23d. WCC S. 35		22f. ON
REGISTRAR	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24a. [Signature] Dep		24b. February 25, 1992		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTRAR	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
	PART I (a) Adenocarcinoma of the breast with metastasis				
REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				
	26. No				
REGISTRAR	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	28a.		28b.	28c.	28d.
REGISTRAR	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.
	28e.		28f.	28g. SEAC	CITY OR TOWN STATE

STATE REGISTRAR **293169** No.032982
BOOK**1192** PAGE**2477**

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

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BOOK **1192** PAGE **2478**