

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 63 IMAGE 571

995

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
DECEDENT	1	Mauraine Grace MACK			2 June 14, 1987	3a	Washoe
	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	Reno	3c. St. Mary's Hospital		3d Yes	3e Inpatient	
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	4a.	RACE—(e.g., White, Black, American Indian, etc) (Specify)	4b	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
		White			5a 48	5b.	5c.
	8	STATE OF BIRTH (If not U.S.A., name country)	9	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	
		California		U.S.A.	10 Married	11 Martin D. Mack	
	13	SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14b. KIND OF BUSINESS OR INDUSTRY		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
		7282	14a. Technical Writer		14b. Manufacturing		12 NO
PARENTS	15a.	RESIDENCE—STATE	15b.	COUNTY	15c.	CITY, TOWN, OR LOCATION	15d.
		Nevada		Douglas		Topaz Ranch Estates	15d. 1300 Sandstone
	15e.	INSIDE CITY LIMITS (Specify Yes or No)					
		No					
	16.	FATHER—NAME First Middle Last	17.	MOTHER—MAIDEN NAME First Middle Last			
		Maurice Allman		Elaine Peterson			
DISPOSITION	18a.	INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
		Martin D. Mack	18b P.O. Box 1758 - Gardnerville, NV. 89410				
	19a.	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY—NAME		19c. LOCATION City or Town State		
		Cremation	19b. Masonic Memorial Gardens		19c. Reno Nevada		
CERTIFIER	20.	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20a. NAME AND ADDRESS OF FACILITY				
		<i>[Signature]</i>	20a. John Sparks Memorial- 414 12th St.- Sparks, NV. 89431				
	21a.	To be completed by CERTIFYING PHYSICIAN			To be completed by Coroner's Office		
		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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)	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
		<i>[Signature]</i>	21b. 15 June 1987		22b.		22c.
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21c. 1744		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
		21d. John J. Stapleton, M.D.			22d. ON		22e. AT
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)					
		23 770 Mill Street Reno, Nevada 89502, John J. Stapleton, M. D.					
CAUSE OF DEATH	24a.	REGISTRAR (Signature)	24b.	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		<i>[Signature]</i>		June 15, 1987			
	25	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
		PART I (a) DUE TO, OR AS A CONSEQUENCE OF ANXIETY					12 hrs
		(b) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OVARY					4 mos
		(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					Interval between onset and death
							Interval between onset and death
							Interval between onset and death
		PART II					
		26 AUTOPSY (Specify Yes or No)					27 WAS CASE REFERRED TO CORONER (Specify Yes or No)
		26 No					27 No
		ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)	28b.	DATE OF INJURY (Mo., Day, Yr.)	28c.	HOUR OF INJURY	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

N#68781

VITAL RECORDS

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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PROPERTY

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 JUL 15 P1:08

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAUL K. DEPUTY

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, SERVO. WASHOE COUNTY, NEVADA.

No. 063233

ON JUN 19 1987

SEAL
Walter T. J.

REGISTRAR-VITAL STATISTICS

[Signature]
CITIZEN ASSISTANT

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