



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1.	Bessie Ellouise DONALDSON		2. December 26, 1990	3a. Douglas	
DECEDENT	3b. Stateline		3c. 195 Pineridge Drive		4. Female	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. 7a. 69		7b. UNDER 1 YEAR MOS : DAYS	
	7c. UNDER 1 DAY HOURS : MINS		8. May 27, 1921		DATE OF BIRTH (Mo., Day, Yr.)	
PARENTS	9a. Idaho		9b. USA		10. 12	
	11. Widowed		12. SURVIVING SPOUSE (if w/e, give maiden name)			
DISPOSITION	13. 1571		14a. Homemaker		14b. Own Home	
	15a. Nevada		15b. Douglas		15c. Stateline	
CERTIFIER	16. Hiram L. Hill		17. Ludicia Farnsworth			
	18a. Pam Donaldson		18b. P.O. Box 2051, Stateline, Nevada 89449			
CAUSE OF DEATH	19a. Removal - Burial		19b. Winters Cemetery		19c. Winters California	
	20a. > <i>William W. [Signature]</i>		20b. 21		20c. 1281 N. Rook Street, Carson City, Nevada 89706	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 12/27/90		21c. 0705	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.		22b. DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	22c. HOUR OF DEATH		22d. ON		22e. AT	
	23a. Gregory E. Ginn MD P.O. Box 612221, South Lake Tahoe, Ca.		23b. LICENSE NUMBER		23c. G58391	
CAUSE OF DEATH	24a. REGISTRAR		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	24a. > <i>[Signature]</i>		24b. December 27, 1990		24c. 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).)					
	PART I (a) CARDIAC ARREST				Interval between onset and death	
CAUSE OF DEATH	(b) PANCREATIC CANCER, METASTATIC				Interval between onset and death	
	(c) 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	
CAUSE OF DEATH	27. Yes		28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
	28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
CAUSE OF DEATH	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No.	
	28i. CITY OR TOWN		28j. STATE			

STATE REGISTRAR

No. 020358

*[Signature]*  
Deputy Registrar

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

Date Issued: DEC 27 1990

316538  
BK0893FG6574

COPY THIS DOCUMENT



COPY

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

**'93 AUG 31 P12:26**

**316538**  
BK0893PG6575

SUZANNE BEAUDREAU  
RECORDER  
\$700 PAID. *[Signature]* DEPUTY