

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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Charles Edward RAFFINGTON	DATE OF DEATH (Month, Day, Year) 2. June 20, 1993	STATE FILE NUMBER COUNTY OF DEATH 3a. Douglas
	CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number), 3c. 1525 Flint Road	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3a.
	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. 54
	STATE OF BIRTH (If not U.S.A., name country) 8a. California	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 11
	SOCIAL SECURITY NUMBER 13. 2670	USUAL OCCUPATION (One Kind of Work Done During Most of Working Life. Even if Retired) 14a. Mechanic	KIND OF BUSINESS OR INDUSTRY 14b. Silk Screening
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Wellington
	FATHER—NAME First Middle Last 16. Charles Steed Raffington	MOTHER—MAIDEN NAME First Middle Last 17. Jeanne Galland	
	INFORMANT—NAME (Type or Print) 18a. Claudia Raffington	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1525 Flint Road, Wellington, Nevada 89444	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory	LOCATION City or Town State 19c. Reno Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, 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) 21b. [Signature]	HOUR OF DEATH 21c. [Blank]	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) 22b. [Signature]
	DATE SIGNED (Mo., Day, Yr.) 21d. [Blank]	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e. [Blank]	DATE SIGNED (Mo., Day, Yr.) 22c. 06-22-93
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 22a. Lewis Brooks Dep. Coroner, P.O. Box 218, Minden, Nevada 89423	22d. ON 6-20-93	HOUR OF DEATH 22e. 0830
	REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 25, 1993	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) Conclusive with coronary arteriosclerosis	Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	Interval between onset and death	
	PART II ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. 25a. [Blank]	DATE OF INJURY (Mo., Day, Yr.) 25b. [Blank]	HOUR OF INJURY 25c. M
	INJURY AT WORK (Specify Yes or No) 25e. [Blank]	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. [Blank]	DESCRIBE HOW INJURY OCCURRED 25d. [Blank]
		LOCATION 25g. [Blank]	STREET OR R.F.D. No. CITY OR TOWN STATE

SEAL

No. 052843

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

Date issued: **JUN 25 1993**

[Signature]
Deputy Registrar.

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