

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 80 IMAGE 856

LOCAL FILE NUMBER 2685

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Dwain S. KETTELKAMP		DATE OF DEATH (Month, Day, Year) 2. December 29, 1993		COUNTY OF DEATH 3a. Washoe
	CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, GPI/Emer. Rm. Inpatient (Specify) 3e. Inpatient
DECEDENT	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. No		SEX 4. Male
	AGE—Last Birthday (Years) 7a. 77		UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Nov. 27, 1916
DEATH OCCURRED IN CERTAIN CIRCUMSTANCES REQUIRING INVESTIGATION OF THE CAUSE OF DEATH	STATE OF BIRTH (if not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12
	SOCIAL SECURITY NUMBER 13. [REDACTED] 2089		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Salesman		KIND OF BUSINESS OR INDUSTRY 14b. Swimming pools
RESIDENCE	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	
	STREET AND NUMBER 15d. 3470 Topaz Lane		INSIDE CITY LIMITS (Specify Yes or No) 15e. No		
PARENTS	FATHER—NAME First Middle Last 16. Samuel Kettelkamp		MOTHER—MAIDEN NAME First Middle Last 17. Emma Best		
	INFORMANT—NAME (Type or Print) 18a. Nancy Kettelkamp -- wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3470 Topaz Ln., Topaz Lk. Gardnerville, NV 89410		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Funeral Home and Crematory		LOCATION City or Town State 19c. Carson City, Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Print, Acting as Surrogate) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 36	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Hm. & Crematory 833 N. Edmonds Dr., Carson City, NV 89701	
CERTIFIER	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>[Signature]</i>		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) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. [REDACTED]		DATE SIGNED (Mo., Day, Yr.) 22b. January 5, 1994		HOUR OF DEATH 22c. 1930
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [REDACTED]		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. December 29, 1993		PRONOUNCED DEAD (Hour) 22e. AT 1930
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		LICENSE NUMBER 23b. WCC S. 35		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 6, 1994		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))				
CAUSE OF DEATH	PART I (a) Spontaneous intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(b) Hypertensive cardiovascular disease 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. Diabetes mellitus		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

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BK 0394 PG 1547

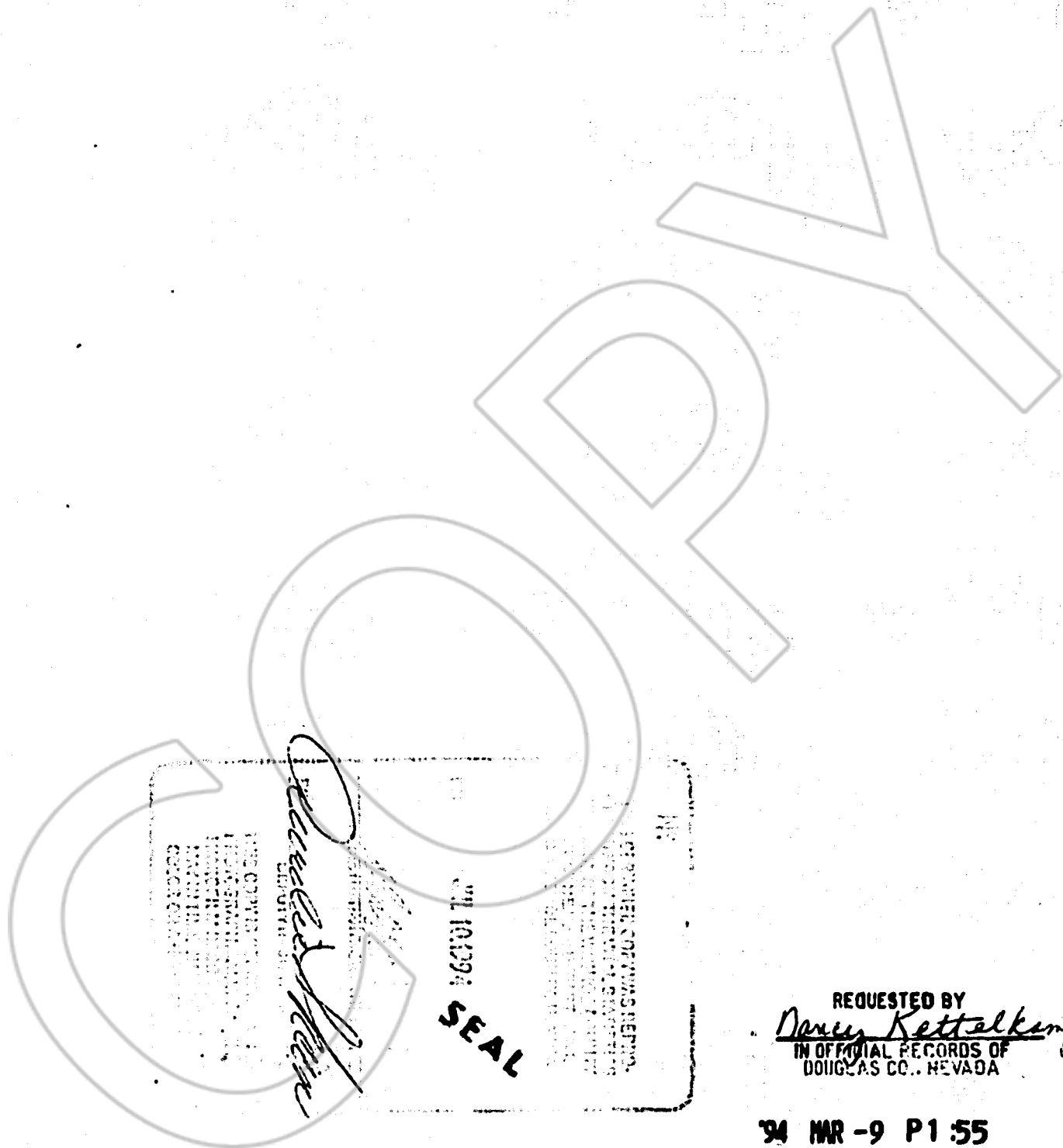
No. 060228

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STATE REGISTRAR BK 0394 PG 3634

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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BK 394 Pg 1548
331884

REQUESTED BY
Nancy Kettelkamp
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 MAR -9 P1:55

SUZANNE BEAUDREAU
RECORDER

\$ 9.00 PAID *Bh* DEPUTY

COPY

REQUESTED BY
Nancy Kettelkamp
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'94 MAR 21 A8:41

SUZANNE BEAUDREAU
RECORDER

\$10⁰⁰ PAID Ko DEPUTY

332733

BK0394 PG3636