

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	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. <u>Virginia Mary NIX</u>	2. <u>November 18, 1990</u>	3a. <u>Douglas</u>
TYPE OR PRINT IN PERMANENT BLACK INK		CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, CPEmer. Rm. Inpatient (Specify)
		3b. <u>Gardnerville</u>	3c. <u>942 Fairway Drive</u>	3e. <u>Female</u>
DECEDENT		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
		5. <u>White</u>	6. <input checked="" type="checkbox"/>	7a. <u>72</u>
DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE FORMS		STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
		9a. <u>Pennsylvania</u>	9b. <u>USA</u>	10. <u>10</u>
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
		13. <u>9882</u>	14. <u>Homemaker</u>	14b. <u>Own Home</u>
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
		15a. <u>Nevada</u>	15b. <u>Douglas</u>	15c. <u>Gardnerville</u>
				STREET AND NUMBER
				15d. <u>942 Fairway Dr</u>
				INSIDE CITY LIMITS (Specify Yes or No)
				15e. <u>Yes</u>
PARENTS		FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	
		16. <u>Dominic DelVecchio</u>	17. <u>Vincenzia Calabrese</u>	
		INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
		18a. <u>Waite Nix</u>	18b. <u>942 Fairway Drive, Gardnerville, Nv. 89410</u>	
DISPOSITION		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
		19a. <u>Burial</u>	19b. <u>Genoa Cemetery</u>	19c. <u>Genoa Nevada</u>
		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
		20a. <u>Waite Nix</u>	20b. <u>21</u>	20c. <u>Walton's Chapel of the Valley</u>
				20c. <u>1281 N. Roop St., Carson City, Nv. 89706</u>
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) <u>Joseph Heflin MD</u>		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) <u>Joseph Heflin MD</u>
		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
		21b. <u>11/17/90</u>	21c. <u>0025</u>	22b. <u>11/17/90</u>
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. <u>0025</u>
		21d. <u>?</u>		22d. <u>AT</u>
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER
		23a. <u>Joseph Heflin Md, 1540 Hwy. 395, Gardnerville, Nv. 89410</u>		23b. <u>5873</u>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
		24a. (Signature) <u>Vicki A. Kuchling Deputy</u>	24b. <u>Nov. 20, 1990</u>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death
		PART I (a) <u>adenocarcinoma stomach with mets</u>		Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
		(b)		Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
		(c)		Interval between onset and death
CAUSE OF DEATH		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
			26. <u>No</u>	27. <u>Yes</u>
		ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
		28a.	28b.	28c. <u>M</u>
		INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
		28e.	28f.	28g.
			STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

SEAL No. 020318

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

By:

Date issued:

NOV 20 1990

Deputy Registrar



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