

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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Albert Theodore BAER		2. November 28, 1996	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Carson Valley Medical Center		3e. Emergency Room	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		SEX	
5. White		4. Male	
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)	
6.		7a. 69	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. October 29, 1927		11. Married	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Illinois		9b. USA	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. 8584		10. 16+	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14c. Commercial Pilot		14b. Union Flights	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1315 Hematite	
INSIDE CITY LIMITS (Specify Yes or No)		SURVIVING SPOUSE (If wife, give maiden name)	
15e. Yes		12. Patricia Weakley	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Baer		17. Alma Bubb	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Patricia Baer - Wife		18b. 1315 Hematite Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. #126	
NAME AND ADDRESS OF FACILITY		20c. Home 1555 Hwy 395, Minden, Nevada 89423	
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) DATE SIGNED (Mo., Day, Yr.)		22a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
21b. DATE SIGNED (Mo., Day, Yr.)		22b. December 3, 1996	
21c. HOUR OF DEATH		22c. 17:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON Nov. 28, 1996	
21e. HOUR OF DEATH		22e. AT 17:30	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21g. LICENSE NUMBER	
23a. Ron Mitchitarian - Deputy Coroner P.O. Box 218 Minden, Nevada		23b. #255	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>Catherine Bodnar</i>		24b. Dec 3 - 1996	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Cardiac Arrest		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease		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.		AUTOPSY (Specify Yes or No)	
PART II		26. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



STATE REGISTRAR
Sylvia
No. 103547

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: DEC 03 1996 0405965

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0297PG0134

REQUESTED BY
Patricia Baer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 FEB -3 P12:53

0405965

BK0297PG0135

LINDA SLATER
RECORDER

\$ 9.00 PAID K2 DEPUTY