

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

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. Charlotte L. REESE			2. September 28, 1996	3a. Carson City		
DECEDENT	3b. Carson City	3c. Carson Tahoe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	3e. Inpatient		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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White	6.		7a. 78	7b.	7c.	8. July 10, 1918
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. Oscar Reese		
PARENTS	9a. Pennsylvania	9b. USA	10. 14	11. Married			
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
DISPOSITION	13. 3032	14a. Journalist		14b. Newspaper			
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
FATHER—NAME First Middle Last	15a. Nevada	15b. Douglas	15c. Genoa	15d. 100 Carson Street		15e. No	
	MOTHER—MAIDEN NAME First Middle Last	16. Orrin Lester		17. Lillian Filler			
CERTIFIER	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Oscar Reese - Husband		18b. 100 Carson Street, Genoa, Nevada 89411				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Burial		19b. Mottsville Cemetery		19c. Minden, Nevada		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. 126	20c. Home, 1555 Hwy 395, Minden, Nevada 89423			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) [Signature]		(Signature and Title) [Signature]				
CERTIFIER	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH				
	21b. 9/30/96		21c. 20:35				
CERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		
	21d.		22d. ON		22e. AT		
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER				
	23a. Dr. R. Yamamoto, 604 W. Washington, Carson City, Nevada 89703		23b. 5778				
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. [Signature]	24b. October 1, 1996		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).)		Interval between onset and death				
	PART I (a) Motoshi Adams Carisma	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
CAUSE OF DEATH	PART I (b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	PART I (c)	DUE TO, OR AS A CONSEQUENCE OF:		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)		
	25a. Waldenström's Macroglobulinemia		26. No		27. No		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a.	28b.	28c. M	28d.			
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
	28e.	28f.	28g.				



STATE REGISTRAR

No. 102868

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

Date Issued:

OCT 01 1996

[Signature] S. Sylvia
State Registrar

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DOUGLAS CO., NEVADA

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