



# 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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

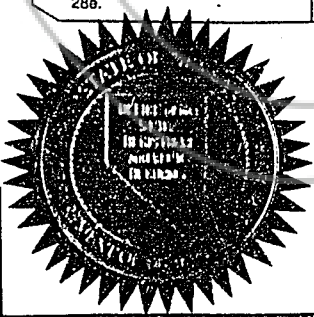
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Nadine L. ROBERTS			2. DATE OF DEATH (Month, Day, Year) April 2, 1998		
3a. CITY, TOWN OR LOCATION OF DEATH Gardnerville			3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1024 Wagonwheel Ct.		
3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			3d. SEX Female		
5. 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) 71		
7a. UNDER 1 YEAR MOS : DAYS			7b. UNDER 1 DAY HOURS : MINS		
8. DATE OF BIRTH (Mo., Day, Yr.) July 18, 1926			9. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		
9a. CITIZEN OF WHAT COUNTRY U.S.A.			10. Decedent's Education. Specify highest grade completed. 11		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) John T. Roberts		
13. SOCIAL SECURITY NUMBER -9737			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		
14b. KIND OF BUSINESS OR INDUSTRY Own Home			15a. RESIDENCE—STATE Nevada		
15b. COUNTY Douglas			15c. CITY, TOWN, OR LOCATION Gardnerville		
15d. STREET AND NUMBER 1024 Wagonwheel Ct.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER—NAME First Middle Last Jesse R. Laney			17. MOTHER—MAIDEN NAME First Middle Last Clara T. Miller		
18a. INFORMANT—NAME (Type or Print) John T. Roberts			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1024 Wagonwheel Ct., Gardnerville, Nv. 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		
19c. LOCATION City or Town State Minden, Nevada			20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James R. [Signature]</i>		
20b. FUNERAL DIRECTOR LICENSE NUMBER 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 4/6/98			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.) 4/6/98		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert Ancker, M.D., 1107 Hwy 395, Gardnerville, Nevada			21c. HOUR OF DEATH 1715		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert Ancker, M.D., 1107 Hwy 395, Gardnerville, Nevada			21e. PRONOUNCED DEAD (Mo., Day, Yr.) ON		
21f. PRONOUNCED DEAD (Hour) AT			22b. LICENSE NUMBER 7182		
24a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 6, 1998		
24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) lung cancer DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			28b. DATE OF INJURY (Mo., Day, Yr.)		
28c. HOUR OF INJURY M			28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			28h.		



STATE REGISTRAR

No. 126037

*[Signature]*

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

Date Issued: APR 06 1998

0438918

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 598 PG 625

COPY

REQUESTED BY  
*John Roberts*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 MAY -5 P1:32

0438918

BK0598PG0626

LINDA SLATER  
RECORDER

\$ *9.00* PAID *AS* DEPUTY