



# 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

98 005640

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 Stuart King ROTHSCHILD			2. DATE OF DEATH (Month, Day, Year) 2. May 8, 1998		
3a. COUNTY OF DEATH Carson City			3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		
3c. Inpatient			4. SEX Male		
5. FACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 74	
8. DATE OF BIRTH (Mo., Day, Yr.) October 22, 1923		9. UNDER 1 YEAR MOS : DAYS		10. UNDER 1 DAY HOURS : MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
11. SOCIAL SECURITY NUMBER -8532		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) US Navy, Retired		14b. KIND OF BUSINESS OR INDUSTRY Defense	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 758 Lyell Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (If wife, give maiden name) Myrtle L. Smith	
16. FATHER—NAME First Middle Last Malia King Rothschild			17. MOTHER—MAIDEN NAME First Middle Last Sylvia Hornstein		
18a. INFORMANT—NAME (Type or Print) Myrtle Rothschild			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 1133, Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James H. [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 48	
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>		21b. DATE SIGNED (Mo., Day, Yr.) 5 11 98		21c. HOUR OF DEATH 1910	
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>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD (Mo., Day, Yr.)		22f. PRONOUNCED DEAD (Hour)	
22g. ON		22h. AT		22i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John K. Bower, MD., 1200 Mountain St., Carson City, Nevada	
22j. LICENSE NUMBER 6493		23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 12, 1998	
23c. 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) Consistent with lymphoma - tissue diagnosis pending DUE TO, OR AS A CONSEQUENCE OF: (b) 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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN STATE	



STATE REGISTRAR

No. 126126

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

Date Issued: JUL 20 1998

*Sylvia*  
Sylvia Hornstein

0444808 State Registrar

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