

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			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last 1. Ena May ROBINSON			DATE OF DEATH (Month, Day, Year) 2. July 11, 1998		COUNTY OF DEATH 3a. Douglas
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3441 Princeton Ave.		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Female
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		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) 7a. 68	UNDER 1 YEAR MOS : DAYS 7b. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Ireland		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
	SOCIAL SECURITY NUMBER 13. ██████████ 7238		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 3441 Princeton
	FATHER—NAME First Middle Last 16. William Meharg		MOTHER—MAIDEN NAME First Middle Last 17. Elizabeth Meharg		INSIDE CITY LIMITS (Specify Yes or No) 15e. No	
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Kenneth Robinson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3441 Princeton Ave. Carson City Nev. 89705			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James M. ...</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 211		NAME AND ADDRESS OF FACILITY 20c. Funeral Home 833 N. Edmonds Carson City Nev. 89702	
	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.) 7-13-98		21c. HOUR OF DEATH 2200	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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.)	
	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Robert McDonald, M.D., 710 W. Washington St., Carson City, NV		22b. LICENSE NUMBER 23b. 6433		22c. HOUR OF DEATH	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 15, 1998		DEATH DUE TO COMMUNICABLE DISEASE 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	
CAUSE OF DEATH	PART I (a) <i>Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF:				Months	
	(b) <i>Advanced Stage Lung Cancer</i> DUE TO, OR AS A CONSEQUENCE OF:				Months	
(c) <i>COPD</i>				Years		
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) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE



STATE REGISTRAR

No. 132588

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

Gyonna Sylva
State Registrar

Date Issued:

JUL 15 1998 0449201

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