

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 88 IMAGE 151

TYPE OR PRINT IN PERMANENT BLACK INK

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 1441		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Margaret Heitman HEIZER		DATE OF DEATH (Month, Day, Year) 2 July 4, 1996	
CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		COUNTY OF DEATH 3a. Washoe	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		SEX 4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.) 8. January 13, 1918	
AGE—Last Birthday (Years) 7a. 78		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced	
STATE OF BIRTH (If not U.S.A., name country) 9a. Idaho		SURVIVING SPOUSE (If wife, give maiden name) 12.	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		KIND OF BUSINESS OR INDUSTRY 14b. Investments	
Decedent's Education. Specify highest grade completed. 10. 15		KIND OF BUSINESS OR INDUSTRY 14b. Investments	
SOCIAL SECURITY NUMBER 13. [REDACTED] 6478		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Investor	
RESIDENCE—STATE 15a. Nevada		STREET AND NUMBER 15d. 1694 Mackland Avenue	
COUNTY 15b. Douglas		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
CITY, TOWN, OR LOCATION 15c. Minden		FATHER—NAME First Middle Last 16. William H. Heitman	
MOTHER—MAIDEN NAME First Middle Last 17. Carolyn Gunnell		INFORMANT—NAME (Type or Print) 18a. Gretchen Dermody	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. Box-2614, Gardnerville, Nevada 89410		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	
CEMETERY OR CREMATORY—NAME 19b. Mountain View Crematory		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY 20b. 59 [REDACTED] 20c. 1538 "C" Street, Sparks, Nevada 89431	
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) [Signature]		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]	
DATE SIGNED (Mo., Day, Yr.) 21b. 7/8/96		DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]	
HOUR OF DEATH 21c. 2020		HOUR OF DEATH 22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Dante F. Vacca, M. D.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Dante F. Vacca, M. D., 1850 Mill Street, Reno, NV. 89502		LICENSE NUMBER 23b. 5826	
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 8, 1996	
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))	
PART I (a) Cerebral aneurysm Arrest		Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death weeks	
(b) Intracerebral Hemorrhage		Interval between onset and death	
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.		AUTOPSY (Specify Yes or No) 26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
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. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	



STATE REGISTRAR

No. 095722

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

0450723 Deputy Registrar **[Signature]** Date: **JUL 16 1996**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0998PG 6642

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 SEP 30 P3:22

LINDA SLATER
RECORDER

0450723

BK0998PG6643 \$ 9.95 PAID LS DEPUTY