



# 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

	LOCAL FILE NUMBER	DECEASED—NAME 1. <b>Robert Gerald KUSE</b>	DATE OF DEATH (Month, Day, Year) 2. <b>January 2, 1998</b>	STATE FILE NUMBER	COUNTY OF DEATH 3a. <b>Douglas</b>
DECEDENT	3b. <b>Minden</b>		3c. <b>1585 Lindsey Lane</b>		3e. <b>Male</b>
	5. <b>White</b>		7a. <b>65</b>		8. <b>July 3, 1932</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. <b>California</b>		10. <b>12</b>		11. <b>Married</b>
	13. <b>4767</b>		14a. <b>Owner/Operator</b>		14b. <b>Printing</b>
PARENTS	15a. <b>Nevada</b>		15b. <b>Douglas</b>		15c. <b>Minden</b>
	16. <b>Melbourne William Kuse</b>		17. <b>Ida Marie Brown</b>		
DISPOSITION	18a. <b>Annette Geraldine Kuse</b>		18b. <b>1585 Lindsey Lane, Minden, Nevada 89423</b>		
	19a. <b>Removal/Burial</b>		19b. <b>Forest Lawn Cemetery</b>		19c. <b>Hollywood Hills, Calif</b>
CERTIFIER	20a. <i>[Signature]</i>		20b. <b>36</b>		20c. <b>Home, 1555 Hwy 395, Minden, Nevada 89423</b>
	21a. <i>[Signature]</i>		21c. <b>1349</b>		21b. <b>1/5/98</b>
CAUSE OF DEATH	23a. <b>John P. Kelly, M.D., 550 W. Washington St., Carson City, Nv.</b>		23b. <b>6376</b>		
	24a. <i>[Signature]</i>		24b. <b>Jan. 5, 1998</b>		24c. <b>NO</b>
25. IMMEDIATE CAUSE		25. IMMEDIATE CAUSE			Interval between onset and death
PART I (a) <b>Lung Cancer</b>					<b>3 months</b>
PART II (c) OTHER SIGNIFICANT CONDITIONS		26. <b>No</b>		27. <b>Yes</b>	
28a. <b>ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST.</b>		28b. <b>DATE OF INJURY</b>		28c. <b>HOUR OF INJURY</b>	
28e. <b>INJURY AT WORK</b>		28f. <b>PLACE OF INJURY</b>		28g. <b>LOCATION</b>	

STATE REGISTRAR

No. 121508



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

Date Issued: **JAN 05 1998**

*[Signature]*  
State Registrar

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**WESTERN TITLE COMPANY, INC.**

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RECORDER  
\$8.00 PAID *[Signature]* DEPUTY

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