

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	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: Barbara Middle: PIERI Last: PIERI	2. DATE OF DEATH (Month, Day, Year) February 3, 1999
	3a. COUNTY OF DEATH Carson City	
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Carson City	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital
	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient 4. Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(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.
	7a. AGE—Last Birthday (Years) 75	7b. UNDER 1 YEAR MOS : DAYS :
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY U.S.A.
	10. Decedent's Education. Specify highest grade completed. 15	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
DISPOSITION	13. SOCIAL SECURITY NUMBER 8620	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electrical Manufacturer
	14b. KIND OF BUSINESS OR INDUSTRY 350 Electronics	12. SURVIVING SPOUSE (If wife, give maiden name) Amedeo J. Pieri
CERTIFIER	15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas
	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER 1004 Arrowhead
CAUSE OF DEATH	16. FATHER—NAME First: William Middle: Lewis Last: Lewis	17. MOTHER—MAIDEN NAME First: Cleata Middle: Logan Last: Logan
	18a. INFORMANT—NAME (Type or Print) Amedeo J. Pieri	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1004 Arrowhead, Gardnerville, Nevada 89410	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory
To be completed by CERTIFYING PHYSICIAN	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	20b. FUNERAL DIRECTOR LICENSE NUMBER 217
	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
To be completed by Coroner's Office	21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>	21b. DATE SIGNED (Mo., Day, Yr.) 2/3/99
	21c. HOUR OF DEATH 0650	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John Kelly, M.D., 550 W. Washington, Carson City, Nevada
To be completed by Coroner's Office	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. ON
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John Kelly, M.D., 550 W. Washington, Carson City, Nevada	23b. LICENSE NUMBER 6376
	24a. (Signature) <i>[Signature]</i>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 4, 1999
CAUSE OF DEATH	24c. 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).)	
CAUSE OF DEATH	PART I (a) Cerebral aneurysm DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death 4 1/2 years
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	26. AUTOPSY (Specify Yes or No) No
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
INJURY AT WORK (Specify Yes or No)	28e. LOCATION	28f. STREET OR R.F.D. No.
	28g. CITY OR TOWN	28h. STATE



STATE REGISTRAR

No. 140455

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

Date Issued: **FEB 05 1999**

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
A.J. Pieri
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 FEB 10 P3:15

0460873

BK0299PG2255

LINDA SLATER
RECORDER
[Signature] PAID *[Signature]* DEPUTY