

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	
1. DECEASED—NAME First Middle Last Frances V. ELLIS		2. DATE OF DEATH (Month, Day, Year) May 3, 2001	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY 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. SEX Female		8. DATE OF BIRTH (Mo., Day, Yr.) November 17, 1930	
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) 70		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		12. SURVIVING SPOUSE (If wife, give maiden name) Robert P. Ellis Sr.	
13. SOCIAL SECURITY NUMBER 2137		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dietitian	
14b. KIND OF BUSINESS OR INDUSTRY Medical		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Wellington		15d. STREET AND NUMBER 3775 Ballman Way	
16. FATHER—NAME First Middle Last		17. MOTHER—MAIDEN NAME First Middle Last	
18a. INFORMANT—NAME (Type or Print) Robert P. Ellis, Sr.		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3775 Ballman Way, Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory	
19c. LOCATION City or Town State Carson City, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Jammy Bens	
20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423	
21a. To be completed by CERTIFYING PHYSICIAN 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. To be completed by Coroner's Office 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]	
21b. DATE SIGNED (Mo., Day, Yr.) 5-7-01		21c. HOUR OF DEATH 1215	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. R. McDonald, 710 W. Washington Street, Carson City, Nv 89703		22c. HOUR OF DEATH	
21f. LICENSE NUMBER 6433		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21g. REGISTRAR [Signature]		22e. PRONOUNCED DEAD (Hour)	
21h. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 8, 2001		22f. 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) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Breast Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) CHF		Interval between onset and death days Interval between onset and death years Interval between onset and death months	
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	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. M	
28f. INJURY AT WORK (Specify Yes or No)		28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28h. LOCATION.		28i. STREET OR R.F.D. No.	
28j. CITY OR TOWN		28k. STATE	

No.160631

STATE REGISTRAR

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

Gyonne Sylva

Date Issued:

0522229

MAY 08 2001

State Registrar

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STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 SEP -6 AM 10: 16

LINDA SLATER
RECORDER

\$ 9.00 PAID kg DEPUTY

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