

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		
	1. DECEASED—NAME First Middle Last Jack D RAMSDELL			2. DATE OF DEATH (Month, Day, Year) August 25, 2002		
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3403 Apline View Court		3e. SEX Male	
	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.		8. DATE OF BIRTH (Mo., Day, Yr.) July 17, 1920	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 19	
	13. SOCIAL SECURITY NUMBER [REDACTED] 9306		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Metallurgical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Metal	
PARENTS	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Carson City	
	16. FATHER—NAME First Middle Last Dewey Ramsdell		17. MOTHER—MAIDEN NAME First Middle Last			
DISPOSITION	18a. INFORMANT—NAME (Type or Print) Honorina Ramsdell		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3403 Alpine View Court, Carson City, NV 89705			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada	
CERTIFIER	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Sierra Chapel 875 W. Second St. Reno, Nevada 89503	
	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) DATE SIGNED (Mo., Day, Yr.) 8-29-02		21c. HOUR OF DEATH 0249		22a. To be completed by Coroners 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) DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
	21e. ON		22d. ON		22e. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Rex Baggett, M.D. 710 W. Washington, Carson City, NV 89703				23b. LICENSE NUMBER 2395	
	24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 30, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Acute Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II	(b) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No) 26. No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. DESCRIBE HOW INJURY OCCURRED		



STATE REGISTRAR

No254046

Gyonne Sylva

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

Date Issued: 0552926

AUG 30 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Dale Coulam
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP 25 AM 11:09

LINDA SLATER
RECORDER

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