



# 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 109 IMAGE 713

214

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED--NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		
	1. Dieter Hermann HELLMOLDT			2. January 23, 2003		3a. Washoe		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION--Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
	3b. Reno		3c. Regent Care Center of Reno		3e. Inpatient		4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE--(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE--Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
	5. White		6.		7a. 72		8. December 10, 1930	
L	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	9a. Germany		9b. U.S.A.		10. 14		11. Married	
PARENTS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. -4533		14a. Quality Engineer		14b. Electronics			
PARENTS	RESIDENCE--STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1410 Ashley Ct.	
DISPOSITION	FATHER--NAME First Middle Last		MOTHER--MAIDEN NAME First Middle Last		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
	16. Ludwig August Hellmoldt		17. Charlotte Hellmoldt		12. Theresa Wegaites			
DISPOSITION	INFORMANT--NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Theresa Hellmoldt			18b. 1410 Ashley Court Gardnerville, Nevada 89460				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY--NAME		LOCATION City or Town State			
	19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada			
DISPOSITION	FUNERAL DIRECTOR--SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. Jimmy Berner		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV. 89703			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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) Jimmy Berner				(Signature and Title)			
CERTIFIER	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b. 1/23/03		21c. 05:20		22b.		22c.	
CERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)			
	21d.				22d. ON			
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER			
	23a. Laurence Gay M.D. P.O. Box 19936 Reno, Nevada 89511				23b. 5152			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) Sandra B... Dep.		24b. January 27, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I (a) Mesothelioma - malignant		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
CAUSE OF DEATH	PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	HTN, CAD, Hypercholesterolemia				26. No		27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.		28c.		28d.	
CAUSE OF DEATH	PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)				LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			
	28f.				28g.			

STATE REGISTRAR

No229558

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

Deputy Registrar:

*Barbara Lee Hunt*

JAN 29 2003

05680432

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# 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 109 IMAGE 713

214

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last	
	1. <b>Dieter Hermann HELLMOLDT</b>	
DECEDENT	DATE OF DEATH (Month, Day, Year)	
	2. <b>January 23, 2003</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITY, TOWN OR LOCATION OF DEATH	
	3b. <b>Reno</b>	
PARENTS	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
	3c. <b>Regent Care Center of Reno</b>	
DISPOSITION	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	3e. <b>Inpatient</b>	
CERTIFIER	SEX	
	4. <b>Male</b>	
CAUSE OF DEATH	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	
	5. <b>White</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	
	6. <b>No</b>	
FATHER—NAME First Middle Last	AGE—Last Birthday (Years)	
	7a. <b>72</b>	
MOTHER—MAIDEN NAME First Middle Last	UNDER 1 YEAR MOS : DAYS	
	7b. <b>:</b>	
INFORMANT—NAME (Type or Print)	UNDER 1 DAY HOURS : MINS	
	7c. <b>:</b>	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH (Mo., Day, Yr.)	
	8. <b>December 10, 1930</b>	
SURVIVING SPOUSE (If wife, give maiden name)	CITIZEN OF WHAT COUNTRY	
	9b. <b>U.S.A.</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	Decedent's Education. Specify highest grade completed.	
	10. <b>14</b>	
FUNERAL DIRECTOR LICENSE NUMBER	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	11. <b>Married</b>	
NAME AND ADDRESS OF FACILITY	SURVIVING SPOUSE (If wife, give maiden name)	
	12. <b>Theresa Wegaites</b>	
DATE SIGNED (Mo., Day, Yr.)	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
	14a. <b>Quality Engineer</b>	
HOUR OF DEATH	KIND OF BUSINESS OR INDUSTRY	
	14b. <b>Electronics</b>	
PRONOUNCED DEAD (Mo., Day, Yr.)	RESIDENCE—STATE	
	15a. <b>Nevada</b>	
PRONOUNCED DEAD (Hour)	COUNTY	
	15b. <b>Douglas</b>	
ON	CITY, TOWN, OR LOCATION	
	15c. <b>Gardnerville</b>	
AT	STREET AND NUMBER	
	15d. <b>1410 Ashley Ct.</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	INSIDE CITY LIMITS (Specify Yes or No)	
	15e. <b>Yes</b>	
LICENSE NUMBER	FATHER—NAME First Middle Last	
	16. <b>Ludwig August Hellmoldt</b>	
DEATH DUE TO COMMUNICABLE DISEASE	MOTHER—MAIDEN NAME First Middle Last	
	17. <b>Charlotte Hellmoldt</b>	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18b. <b>1410 Ashley Court Gardnerville, Nevada 89460</b>	
Interval between onset and death	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
	19a. <b>Cremation</b>	
Interval between onset and death	CEMETERY OR CREMATORY—NAME	
	19b. <b>Carson Sierra Crematory</b>	
Interval between onset and death	LOCATION City or Town State	
	19c. <b>Carson City Nevada</b>	
Interval between onset and death	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
	20a. <i>[Signature]</i>	
Interval between onset and death	FUNERAL DIRECTOR LICENSE NUMBER	
	20b. <b>09</b>	
Interval between onset and death	NAME AND ADDRESS OF FACILITY	
	20c. <b>Society 1614 N. Curry St. Carson City, NV. 89703</b>	
Interval between onset and death	To be completed by CERTIFYING PHYSICIAN	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
Interval between onset and death	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.	
Interval between onset and death	DATE SIGNED (Mo., Day, Yr.)	
	21b. <b>1/23/03</b>	
Interval between onset and death	HOUR OF DEATH	
	21c. <b>05:20</b>	
Interval between onset and death	DATE SIGNED (Mo., Day, Yr.)	
	22b. <b>1/23/03</b>	
Interval between onset and death	HOUR OF DEATH	
	22c. <b>05:20</b>	
Interval between onset and death	PRONOUNCED DEAD (Mo., Day, Yr.)	
	22d. <b>ON</b>	
Interval between onset and death	PRONOUNCED DEAD (Hour)	
	22e. <b>AT</b>	
Interval between onset and death	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	
	23a. <b>Laurence Gay M.D. P.O. Box 19936 Reno, Nevada 89511</b>	
Interval between onset and death	LICENSE NUMBER	
	23b. <b>5152</b>	
Interval between onset and death	REGISTRAR	
	24a. <i>[Signature]</i> <b>Dep.</b>	
Interval between onset and death	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24b. <b>January 27, 2003</b>	
Interval between onset and death	DEATH DUE TO COMMUNICABLE DISEASE	
	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Interval between onset and death	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	PART I (a) <b>Mesothelioma - malignant</b>	
Interval between onset and death	DUE TO, OR AS A CONSEQUENCE OF:	
	(b) _____	
Interval between onset and death	(c) _____	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
Interval between onset and death	<b>HTN, CAD, Hypercholesterolemia</b>	
	AUTOPSY (Specify Yes or No)	
Interval between onset and death	26. <b>No</b>	
	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
Interval between onset and death	27. <b>No</b>	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
Interval between onset and death	DATE OF INJURY (Mo., Day, Yr.)	
	28b. _____	
Interval between onset and death	HOUR OF INJURY	
	28c. <b>M</b>	
Interval between onset and death	DESCRIBE HOW INJURY OCCURRED	
	28d. _____	
Interval between onset and death	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28f. _____	
Interval between onset and death	LOCATION.	
	28g. _____	
Interval between onset and death	STREET OR R.F.D. No.	
	_____	
Interval between onset and death	CITY OR TOWN	
	_____	
Interval between onset and death	STATE	
	_____	

STATE REGISTRAR

No229558

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

Deputy Registrar: \_\_\_\_\_

*[Signature]*

JAN 29 2003

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Stewart Title of Douglas County  
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