

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				
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		
DECEDENT	1. Robert Lawson SIMMS			2. June 2, 2002		3a. Douglas		
	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		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Minden			3c. 1324 Bridle Way		4. Male		
	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
PARENTS	5. White		6. A	7a. 76	7b. :	7c. :	8. Aug. 29, 1925	
	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)		SURVIVING SPOUSE (If wife, give maiden name)
DISPOSITION	9a. Washington		9b. USA	10. 6 yrs.		11. Married		12. Margaret L. Wood
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
CERTIFIER	13. 6879		14a. Carpet Layer		14b. Carpet Industry			
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
CAUSE OF DEATH	15a. Nevada		15b. Douglas	15c. Minden		15d. 1324 Bridle Way		15e. No
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
CAUSE OF DEATH	16. Joseph Simms			17. Elizabeth Strachan				
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
CAUSE OF DEATH	18a. Margaret L. Simms			18b. 1324 Bridle Way, Minden, Nevada 89423				
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
CAUSE OF DEATH	19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
CAUSE OF DEATH	20a. [Signature]		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423			
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			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)				
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b.		21c.		22b. 6-4-2002		22c. 2013	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
	21d.			22d. ON 6-2-2002		22e. AT 2013		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER		
	23a. Kathleen Tadich, Deputy Coroner, P.O. Box 218, Minden, Nv.89423					23b. 066		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) [Signature]		24b. June 6, 2002		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) Multiple organ failure DUE TO, OR AS A CONSEQUENCE OF:							
CAUSE OF DEATH	(b) due to peritonitis DUE TO, OR AS A CONSEQUENCE OF:							
	(c) due to perforated duodenal DUE TO, OR AS A CONSEQUENCE OF:							
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)		
	26. Yes				27. Yes			
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. M	28d.			
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE		
	28e.		28f.		28g.			

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STATE REGISTRAR

No. 219317

Yvonne Sylva

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

Date Issued:

JUN 06 2002

State Registrar

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IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

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