

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

RELATIVES

POSITION

CERTIFIER

CONDITIONS ANY OTHER CAUSE TO DETERMINE THE UNDERLYING CAUSE LAST

USE OF DEATH

| | | | |
|---|---|---|---|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | |
| 1. Johanna Emma MAYR GREULICH | | 2. January 26, 2005 | |
| CITY, TOWN OR LOCATION OF DEATH | | COUNTY OF DEATH | |
| 3b. Gardnerville | | 3a. Douglas | |
| 3c. 845 Rubio Way | | 4. Female | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | SEX | |
| 5. White | | 3e. Female | |
| 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) | |
| 6. No | | 7a. 81 | |
| CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 9a. Germany | | 11. Married | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 13. 7607 | | 8. April 30, 1923 | |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | |
| 14a. Teacher | | 14b. Elementary | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15c. Gardnerville | |
| COUNTY | | STREET AND NUMBER | |
| 15b. Douglas | | 15d. 845 Rubio Way | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| 16. August Greulich | | 17. No | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. August Greulich | | 18b. 845 Rubio Way Gardnerville, Nevada 89460 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | |
| 19a. Cremation | | 19b. Walton's Carson Sierra Crematory | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | LOCATION City or Town State | |
| 20a. <i>Jimmy Dermody</i> | | 19c. Carson City Nevada | |
| FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | |
| 20b. 09 | | 20c. Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703 | |
| 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) <i>John P. Kelly, M.D.</i> | | 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>John P. Kelly, M.D.</i> | |
| DATE SIGNED (Mo., Day, Yr.) | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 1/28/05 | | 22b. 1/28/05 | |
| HOUR OF DEATH | | HOUR OF DEATH | |
| 21c. 12:30 | | 22c. 12:30 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 23a. John P. Kelly M.D. 2874 N. Carson St. Suite 210, Carson City, NV | | 22d. ON | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | 22e. AT | |
| 23a. John P. Kelly M.D. 2874 N. Carson St. Suite 210, Carson City, NV | | 23b. 6376 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | |
| 24a. <i>Sue A. Kachang</i> | | 24b. January 28, 2005 | |
| 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).) | | Interval between onset and death | |
| PART I (a) Pancreatic Cancer | | : 3 months | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (c) | | Interval between onset and death | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | AUTOPSY (Specify Yes or No) | |
| 26. No | | 27. No | |
| WAS CASE REFERRED TO CORONER (Specify Yes or No) | | 26. No | |
| 27. No | | 27. No | |
| 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. |
| 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. | 28g. |

STATE REGISTRAR

No. 272089

33457

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 28 2005**

This copy is not valid unless prepar

Signature of State Registrar

STATE REGISTRAR

BEK- 0305
PG- 10833

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03/25/2005

