



**CERTIFICATION OF VITAL RECORD**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF BIRTH  
VITAL STATISTICS**

**2007001294**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF  
DEATH**

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED NAME - FIRST Philip			1b. MIDDLE G		1c. LAST PINDER JR		2. DATE OF DEATH (Mo/Day/Year) March 17, 2007		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1062 Log Cabin Road			3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify)		4. SEX Male			
5. RACE - (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE - Last birthday (Years) 82		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1924			
9a. STATE OF BIRTH (If not U.S.A. name country) Florida		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Betty PAYNE			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Aerospace Engineer			14b. KIND OF BUSINESS OR INDUSTRY Aerospace					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1062 Log Cabin Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Philip G. PINDER						17. MOTHER - NAME (First Middle Last Suffix) Josephine RAULERSON					
18a. INFORMANT - NAME (Type or Print) Betty PINDER				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1062 Log Cabin Road, Gardnerville, Nevada 89410							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION - City or Town State Carson City Nevada 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SHOLENSKI</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410						
TRADE CALL - NAME AND ADDRESS											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>STEPHEN HEWITT DO</b> SIGNATURE AUTHENTICATED					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) stated. (Signature & Title)						
21b. DATE SIGNED (Mo/Day/Yr) March 22, 2007			21c. HOUR OF DEATH 09:10			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA								23b. LICENSE NUMBER NV 1107			
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Acute myelocytic leukemia							Interval between onset and death 6 Months				
DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death				
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)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	

**STATE REGISTRAR**

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BK- 0807  
PG- 880

Q3RB1004 Rev. E

**T06555 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: **03/26/2007**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PRNCO (Rev) 11/02

**SIGNATURE AUTHENTICATED**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE