

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007005636
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 Charles			1b. MIDDLE William			1c. LAST SIMON			2. DATE OF DEATH (Mo/Day/Year) August 12, 2007			3a. COUNTY OF DEATH Douglas								
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1521 Opal Court						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) 81			7b. UNDER 1 YEAR MOS. DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1925					
9a. STATE OF BIRTH (If not U.S.A. name country) Minnesota			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 11			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)								
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Welder						14b. KIND OF BUSINESS OR INDUSTRY Rohr Industries								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Wellington			15d. STREET AND NUMBER 1521 Opal Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes								
16. FATHER - NAME (First, Middle Last, Suffix) Charles Morris SIMON						17. MOTHER - NAME (First, Middle Last Suffix) Agnes Ovidia STENE														
18a. INFORMANT - NAME (Type or Print) Patricia COLE						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 787 Sylvaner Drive Pleasanton, California 94566														
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) JAMES SMOLENSKI 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											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO 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) August 14, 2007						21c. HOUR OF DEATH 19:50						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 89449												23b. LICENSE NUMBER NV 1107								
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.												Interval between onset and death Years			Interval between onset and death Years			Interval between onset and death Years		
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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162179 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: 08/16/2007
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

