



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2007002136  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST <b>Mary</b>			1b. MIDDLE <b>Augustina</b>			1c. LAST <b>SOLIS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 05, 2007</b>			3a. COUNTY OF DEATH <b>Carson City</b>																							
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>			4. SEX <b>Female</b>																							
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING DISPLAY OF RESIDENCE ITEMS	5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>Mexican</b>			7a. AGE-Last birthday (Years) <b>66</b>			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>June 10, 1940</b>																				
	9a. STATE OF BIRTH (if not U.S.A., name country) <b>New Mexico</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Peter SOLIS</b>																							
PARENTS	13. SOCIAL SECURITY NUMBER <b>7145</b>						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>						14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>																							
	15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>			15d. STREET AND NUMBER <b>1326 Honeybee Lane</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>																							
DISPOSITION	16. FATHER - NAME (First Middle Last Suffix) <b>Elias MAESTAS</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Liberty MARTINEZ</b>																													
	18a. INFORMANT - NAME (Type or Print) <b>Peter SOLIS</b>						18b. MAILING ADDRESS (Street or R.F.D., No., City or Town, State, Zip) <b>1326 Honeybee Lane Gardnerville, Nevada 89460</b>																													
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY -NAME <b>Masonic Memorial Gardens</b>			19c. LOCATION City or Town State <b>Reno Nevada 89503</b>																													
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>			20b. FUNERAL DIRECTOR LICENSE <b>304R</b>			20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1675 N Lompac Carson City NV 89701</b>																													
CERTIFIER	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>ALI HASHIM BAWAMIA M.D.</b>												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) <b>May 08, 2007</b>						21c. HOUR OF DEATH <b>14:35</b>						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH																	
REGISTRAR	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) <b>Ali Hashim Bawamia M.D., 1600 Medical Parkway Carson City, NV 89702-1168</b>												23b. LICENSE NUMBER <b>9431</b>																							
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>												24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 09, 2007</b>												24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>											
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))												Interval between onset and death																							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) <b>Severe Lactic Acidosis</b>												Interval between onset and death																							
	(b) <b>Acute Liver Failure</b>												Interval between onset and death																							
PART II (c) <b>OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I</b>												26. AUTOPSY (Specify Yes or No) <b>No</b>												27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>												
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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PG- 1766  
0759794 Page: 2 Of 2 03/08/2010

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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:

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

STATE REGISTRAR  
SIGNATURE AUTHENTICATED

