

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007007630

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 Irene			1b. MIDDLE Alice			1c. LAST HANSEN			2. DATE OF DEATH (Mo/Day/Year) September 24, 2007			3a. COUNTY OF DEATH Douglas												
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not other, give street and number) 1035 Haystack Drive						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Female									
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? (If yes, specify Mexican, Cuban, Puerto Rican, etc.) Non-hispanic			7a. AGE-Last birthday (Years) 86			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) September 11, 1921									
9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (If wife, give maiden name)												
13. SOCIAL SECURITY NUMBER -4069						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Secretary						14b. KIND OF BUSINESS OR INDUSTRY Small Business Administration												
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 1035 Haystack Drive			15a. INSIDE CITY LIMITS (Specify Yes or No) No												
16. FATHER - NAME (First Middle Last Suffix) George LAKE									17. MOTHER - NAME (First Middle Last Suffix) Dora PEPPIN															
18a. INFORMANT- NAME (Type or Print) Denise M. BROWN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1035 Haystack Drive Carson City, Nevada 89705																		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens						19c. LOCATION City or Town State Reno Nevada 89503												
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 304R			20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701															
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) JEFFREY BASA M.D. 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) September 26, 2007						21c. HOUR OF DEATH 06:08						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) Jeffrey Basa M.D. Capital Medical Associates Carson City, NV 89706												23b. LICENSE NUMBER 8079												
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 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 (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)													Interval between onset and death											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.													26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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



BK-310
PG-3228

760179 Page: 3 of 3 03/15/2010

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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:

SEP 28 2007

STATE REGISTRAR

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

PBNCO (REV) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

