

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

0785752 Page: 2 Of 2

BK- 0611
PG- 6377
06/30/2011

CERTIFICATE OF DEATH

2011005769
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,MIDDLE,LAST,SUFFIX) Susan Lee NEIGHBORS		2. DATE OF DEATH (Mo/Day/Year) April 09, 2011		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4 SEX Female		7a. AGE-Last birthday (Years) 53		7c UNDER 1 DAY HOURS	
5 RACE White		6 Hispanic Origin? Specify No - Non-Hispanic		7b UNDER 1 YEAR MOS	
9a. STATE OF BIRTH (If not U S A, name country) California		9b CITIZEN OF WHAT COUNTRY United States		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER 2880		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Travel Agent		12 SURVIVING SPOUSE (if wife, give maiden name) Gary Allen NEIGHBORS	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 3551 North Sunridge Drive		15e INSIDE CITY LIMITS (Specify Yes or No) No		14b KIND OF BUSINESS OR INDUSTRY Airlines	
18 FATHER/PARENT - NAME (First Middle Last, Suffix) Harmann BRASUELL			17 MOTHER/PARENT - NAME, (First Middle Last Suffix) Ginger		
18a INFORMANT- NAME (Type or Print) Gary Allen NEIGHBORS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3551 North Sunridge Drive Carson City, Nevada 89705			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE 304R		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701	
20a SIGNATURE AUTHENTICATED					
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) STEPHEN ALBERT BAEZ M.D.			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) April 12, 2011		21c HOUR OF DEATH 12:29		22b DATE SIGNED (Mo/Day/Yr)	
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) Stephen Albert Baez M.D. 236 W Sixth, St #100 Reno, NV 89503				23b LICENSE NUMBER 9615	
24a REGISTRAR (Signature) BRIDGES SANDI		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 18, 2011		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a SIGNATURE AUTHENTICATED					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Respiratory failure				Days	
(b) Sepsis, organism unknown				Days	
(c) Metastatic ovarian carcinoma				Months	
(d)				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) 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	

Information Corrected, State Affidavit# 55436, 06/28/2011 - 13

STATE REGISTRAR

392264

CERTIFIED COPY OF VITAL RECORDS

Rd White

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:

JUN 28 2011

STATE REGISTRAR

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

