



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

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

**CERTIFICATE OF DEATH**

**2013010835**

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) <b>Betty A BURTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 20, 2013</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 Nursing and Rehabilitation</b>		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 03, 1936</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Patton M BURTON</b>	
13. SOCIAL SECURITY NUMBER <b>7138</b>		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even If Retired) <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2672 Gordon Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Delford BRITTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Jane TWICHELL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Patton M BURTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2672 Gordon Avenue Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3935 Fairview Dr. Carson City NV 89701</b>	
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>DAVID STANDISH HOSKINS 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>June 27, 2013</b>		21c. HOUR OF DEATH <b>14:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PROMOUNCED DEAD (Mo/Day/Yr)	
22e. PROMOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David Standish Hoskins M.D. 1654 Hwy 395 #201 Minden, NV 89423</b>		23b. LICENSE NUMBER <b>4628</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 05, 2013</b>		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) <b>Advanced Throat Cancer</b>				Interval between onset and death	
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	
(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. <b>L2 to L4 Compression Fractures, Severe Dysphagia</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

0833519 Page 2 of 2

BK 1113  
PG 1733  
11/8/2013

VRS-Rev-20120523a

**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:

**07/05/2013**

*R. Standish Hoskins*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

