



Dated: 3-11-15

**DECLARANT:**

Peggy S. Larson  
Peggy S. Larson

State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 11<sup>th</sup> day of March, 20 15 by Peggy Sue Larson, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature: M. J. Gyll

My Commission Expires: March 19, 2018

Notary Name: M. J. Gyll Notary Phone: 775.782.5411

Notary Registration Number: 03.829605 County of Principal Place of Business Douglas

*This area for official notarial seal*



**STATE OF NEVADA**

**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015002702

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Bruce George LARSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 17, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Inpatient (Specify)) <b>1350 Sandstone Drive Home</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>89</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Peggy S DRESSLE</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 07, 1925</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>4202</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Aircraft Instrumentation Mechanic		14b. KIND OF BUSINESS OR INDUSTRY <b>N. A. S. A</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
POSITION	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Alf George LARSON</b>		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Jessie Matilda SINZ</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Peggy S LARSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1350 Sandstone Drive Wellington, Nevada 89444</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION - City or Town - State <b>Sparks Nevada 89431</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln 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>B BOTTENBERG D.O.</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>February 18, 2015</b>		21c. HOUR OF DEATH <b>08:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>B Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701</b>		23b. LICENSE NUMBER <b>DO674</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 20, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
	25. IMMEDIATE CAUSE (PART I) <b>(a) Dementia</b>		Interval between onset and death <b>Years</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: <b>(b) Alzheimers Disease</b>		Interval between onset and death <b>Years</b>			
	DUE TO, OR AS A CONSEQUENCE OF: <b>(c)</b>		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. <b>Hypertension, Chronic Kidney Disease</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		
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		
28d. DESCRIBE HOW INJURY OCCURRED						

STATE REGISTRAR

566845

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.

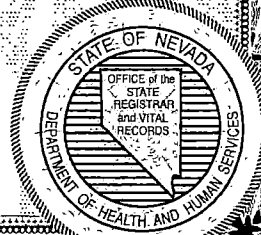
DATE ISSUED:

2/20/2015

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE