

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4012495

CERTIFICATE OF DEATH

2018006721
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) Mary Lee BRICKMAN		2. DATE OF DEATH (Mo/Day/Year) April 03, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and 1047 Pinion Pine Drive Inpatient(Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 74	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY MOS DAYS HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) January 26, 1944		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) LaVerne Eugene BRICKMAN	
13. SOCIAL SECURITY NUMBER ██████████ 2771		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Bookkeeping	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1047 Pinion Pine Drive	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Theo Noil PETTY SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucy AZVEDO		
18a. INFORMANT - NAME (Type or Print) LaVerne Eugene BRICKMAN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1047 Pinion Pine Drive Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION: City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	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) SIGNATURE AUTHENTICATED REED DOPF MD			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 05, 2018		21c. HOUR OF DEATH 06:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) PALOMA VACA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 06, 2018		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) Terminal Complications Of Malignant, Metastatic Non Small Cell Lung Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					Interval between onset and death Months Interval between onset and death Interval between onset and death 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) No		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

000712347



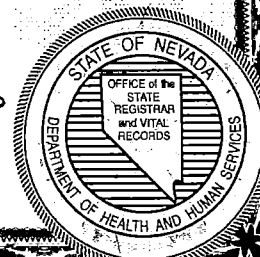
CERTIFIED COPY OF VITAL RECORDS

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: **APR 10 2018**

Julie Katchear
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE